

# Professional Judgment and Ethics

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Acknowledgment: The author thanks Karina V. Medved for the extensive background research she did in support of the preparation of this chapter.

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**OPENING EXERCISE: MY HOMEWORK IS DONE, BUT. . .**

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The community-based research organization you work for has recently completed an evaluation of an extended-day homework assistance program in a local public school system. In this pilot program, which focuses on three elementary schools, volunteer tutors work with children on their homework for up to two hours after the end of the school day. Your evaluation indicates that the program has a positive impact on the homework-completion rates of participants, but does not lead to higher grades. The superintendent of schools would like you to downplay the latter results in your written report and your in-person presentation to the city's board of education, which has provided funding for the program. She wants to expand the program to a dozen elementary schools in the coming year, a move that would require enhanced funding from the board and support from a local philanthropic organization to pay the high school students who serve as tutors. The superintendent is concerned that the no-impact-on-grades finding could dampen enthusiasm for the program among funders, leading to a premature termination of this worthwhile experiment. As she puts it, "I don't want to sink this program before we have a chance to improve it. And don't forget that an expanded program would provide valuable part-time work for high school students in an educational setting rather than in a fast-food joint. That's an important benefit in its own right."

As the superintendent is talking you're beginning to feel that the core objective of this intervention—to raise the academic achievement of elementary school students—is in danger of being lost, or at least compromised, amid a mix of secondary interests: a jobs program for teens, keeping elementary school children out of mischief for two additional hours every day, successfully courting funders, and so on. Although you don't wish to be insensitive to the superintendent's concerns, you have serious reservations about "burying" findings that you believe are of substantive importance.

What would you do in this situation? If you remain committed to giving these results the attention you believe they deserve, and the superintendent does not budge from her view, how would you respond? Is there anything you could have done that might have prevented this conflict from occurring?

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**OVERVIEW**

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This chapter explores the ethical dimensions of community psychology practice and considers strategies that can enhance the ethical quality of one's work in the community. The value and limitations of professional principles, guidelines, and standards dealing with ethics are discussed, and the distinctive challenges associated with community psychology's commitment to a social-justice agenda in multiple-stakeholder, culturally diverse environments are highlighted. The role of case analysis, journal keeping, and dialogue with colleagues in developing ethical competence is emphasized, along with the opportunities that the entry/contracting phase of community projects offers for preventing ethical conflicts.

**Photo 5.1** Across an array of settings, community practitioners are required to address the question, “What is the (morally) right thing to do?”



Source: iStockphoto.com/RusN.

## INTRODUCTION: CONCEPTUAL DEFINITION

Professional judgment and ethics in community psychology practice are topics that cut across all of the other core competencies addressed in this book. In community organizing, for example, the question of *whose* priorities and agenda are exerting the greatest influence on the change effort can raise significant ethical issues. Or consider the pursuit of social justice. Inherent in the concept of social justice is the claim that the cause of ethics is being served when one advocates for a more just society. And, of course, there is community-based research. How should a community psychologist react when grassroots stakeholders in a participatory action research (PAR) project lobby strongly for a methodology that runs a high risk of generating findings that would give the appearance of positive program impact in the absence of true change?

These are all situations that, at some level, require practitioners to address the question, “What is the (morally) right thing to do?” Thus, we are in the domain of ethics. Overall, **ethics** deal with “what is good and bad and with moral duty and obligation” (“Ethics,” 2011, p. 429). Newman and Brown (1996) have noted that ethics can be viewed from three

vantage points. The first encompasses core principles of moral behavior that should apply, at least in theory, to everyone. Thus, “Thou shalt not kill” is an admonition that finds expression in some form in all societies. The second pertains to principles and guidelines that members of a profession develop to inform their work. In medicine and research, for example, obtaining informed consent from patients and participants is generally regarded as a fundamental professional responsibility. Finally, ethics can refer to the study of individuals’ beliefs and actions relevant to morality. For example, one can investigate empirically the extent to which informed consent is fully obtained from participants in a given intervention (e.g., Walker, Hoggart, & Hamilton, 2008). In this chapter the emphasis will be on competencies that are likely to contribute to effectiveness in the realm of ethical professional practice.

Before embarking on this journey we should note that ethical judgments in community psychology are a subset of professional judgments, in the sense that there are many occasions when a community psychologist might be called upon to exercise professional judgment with no particular ethical issue at stake. For example, a practitioner may be considering two different strategies for launching a community program in a situation where compelling arguments could be offered in support of both strategies. The practitioner’s choice is likely to reflect his or her professional judgment about which strategy has the best chance of success in the current circumstances, but there is no strong sense here of an *ethical* imperative to select one strategy over the other. In this instance the practitioner is unlikely to perceive an ethical challenge. This chapter will focus on professional judgment in the realm of ethics, leaving to the authors of the other competency-based chapters the task of addressing professional judgment in those domains.

## COMPETENCY DEVELOPMENT

### Guidance for Ethical Practice

Community psychology has not developed an official set of ethical guidelines to inform practice, although the Society for Community Research and Action’s (SCRA’s) statement of goals refers to issues that have ethical implications.<sup>1</sup> For example, the field is “committed to promoting equitable distribution of resources, equal opportunity for all, non-exploitation, prevention of violence, active citizenry, liberation of oppressed peoples, greater inclusion for historically marginalized groups, and respecting all cultures” (SCRA, n.d.). The first five of these goals are seen as defining community psychology’s commitment to social justice. Honoring human rights is also mentioned as an SCRA priority in both its goals and guiding concepts.

These general references do not provide specific ethical guidance, but they do suggest core **values**, which are strongly held ideals about what is moral, right, or good, that establish a foundation for ethical practice (see, for example, Nelson & Prilleltensky’s (2010, chap. 3) delineation of personal, collective, and relational values). To the extent that other fields share these values, professional standards crafted in those arenas can assist community psychologists in addressing ethical concerns in their own domain. For example,

both the American Evaluation Association (AEA; 2004) and the Joint Committee on Standards for Educational Evaluation (Yarbrough, Shulha, Hopson, & Caruthers, 2011) have developed guiding principles and standards, respectively, to support the ethical practice of program evaluation. **Principles** are broadly stated prescriptions of ethical conduct; **standards** are specific statements that provide guidance for ethical behavior. Given that community research is at the heart of SCRA's name and mission, it is not surprising that the AEA's Guiding Principles for Evaluators and the Joint Committee's Program Evaluation Standards offer a wealth of counsel relevant to community practice. For instance, the AEA principle of Responsibilities for General and Public Welfare includes the following assertion:

Evaluators have obligations that encompass the public interest and good. . . . Because the public interest and good are rarely the same as the interests of any particular group (including those of the client or funder), evaluators will usually have to go beyond analysis of particular interests and consider the welfare of society as a whole. (AEA, 2004, E-5)

It is clear that this statement conceptualizes responsibility for the general and public welfare as an *ethical* responsibility. That is, evaluators who wish to be ethical must take into account the needs and perspectives of multiple stakeholders and, indeed, incorporate macro-level considerations ("society as a whole") as well. Of course, one can make a convincing case that program evaluators and community researchers are not the only groups that need to be sensitive to these issues. Anyone who endeavors to design and/or implement a community-based intervention has an ethical obligation to be mindful of the intervention's potential ramifications throughout and beyond the system where it is introduced. Thus, a principle such as Responsibilities for General and Public Welfare has implications for community psychologists in two of their most fundamental roles: researchers and change agents/facilitators.

This point is reinforced by analyses that target the ethical issues encountered by those in the latter role. For example, Rabinowitz, Berkowitz, and Brownlee (n.d.) identify a number of major ethical concerns that can arise in community interventions, including the following:

- Confidentiality, which can take multiple forms depending on the varieties of stakeholders involved, the sensitivity of the issues addressed (e.g., violence, substance use, sexual behavior), and the intervention context (e.g., information shared within programs, across programs, or even with external law enforcement officials in the case of mandated reporting)
- Consent, which can encompass both the informed consent of intervention participants and, in some instances, the wider community within which an intervention/program takes place. Prevention programs, for example, are often implemented at multiple ecological levels, which can greatly complicate the task of obtaining informed consent. As Schwartz and Hage (2009) observe:

Typically the target population is a group that is not actively seeking help. . . . The imposed nature of the intervention has the potential of exacerbating the typical power imbalance between a practitioner or researcher and participants, as the prevention practitioner is viewed as acting with expertise and authority to address a problem. . . . As the power differential increases, the ability of the participants to make autonomous decisions related to informed consent decreases. (p. 127)

In short, orchestrating informed consent in community practice can be a multi-layered, messy process, posing a significant challenge to practitioners who wish to be fully responsive to all community stakeholders.

- Competence, which refers to the adequacy of the education, training, and experience of the change agents/facilitators, as well as to the “due diligence” and proficiency that are displayed in the implementation of the intervention. As the content of this volume suggests, community psychologists need to be mindful of the wide range of competencies that the field encompasses, and be clear about which ones are called for in any given intervention they undertake.
- Conflict of interest, which involves situations where one’s personal interests (financial, political, social, etc.) could influence one’s objectivity or effectiveness in carrying out responsibilities related to the intervention. For example, being asked to provide a professional evaluation of the job performance of a close friend in a community program would represent a conflict of interest. Conflicts of interest are widespread in the world of community psychology practice, but the mere existence of such a conflict does not determine its ethicality. Rather, it is the *response* of the individual to the conflict that is crucial. In the present example, choosing to evaluate the friend would in most cases constitute unethical behavior, while declining the request would be deemed ethically appropriate.
- General ethical responsibilities, which to a great extent address the same domain as the AEA Guiding Principle of Responsibilities for General and Public Welfare. In both cases the emphasis is on the multiple stakeholders that must be attended to by practitioners. Viewing this issue from a program perspective, Rabinowitz et al. (n.d.) identify funders, staff members, program participants, and the community as a whole as key constituencies that must be taken into consideration.

Our discussion thus far suggests that community psychologists contend with many of the same ethical issues that confront those in other applied fields (e.g., program evaluation, public health). Confidentiality, informed consent, and conflict of interest, for example, are topics with a long history. To what degree do ethical concerns such as these take on a *distinctive* form in community psychology practice? The strongest case for distinctiveness can probably be made with respect to the interaction of five (of the seven) core values in community psychology identified by Kloos et al. (2012): social justice, empowerment/citizen participation, collaboration and community strengths, respect for human diversity, and empirical grounding. The field’s commitment to social justice has historically been associated with advocating for

disadvantaged, oppressed groups within society, and doing so in a way that enhances the ability of these groups to exercise power on behalf of their self-perceived interests and priorities. This process frequently involves community psychologists collaborating with the marginalized and disenfranchised, employing a knowledge of, and appreciation for, research that is relevant to the change effort. Ethical challenges that can arise in these situations include, but are by no means limited to, the following:

- Advocating for substantive change in ways that generate unrealistic expectations on the part of intervention participants. In participatory action research that emerges from a consciousness-raising strategy, for example, participants might be tempted to undertake projects that naively confront powerful and unyielding system stakeholders, resulting in failure-related demoralization and cynicism. In such circumstances, one might argue that the intervention actually had a *negative* impact on participants and thus represents a violation of the *do no harm* principle.
- Situations where community psychologists believe that important lessons from relevant research are being ignored or not taken seriously by participants in conceptualizing and/or implementing an intervention. How hard can we push without violating the collaborative spirit of the endeavor? Do we have a right to distance ourselves from a flawed intervention that might damage our professional reputation?
- Significant value conflicts emerge between the practitioner and community participants as the intervention unfolds. The community psychologist sees these differences as jeopardizing the intervention's ability to embody social justice. For instance, consider a conservative religious congregation that is lobbying vigorously to increase the supply of high-quality early childhood education in the community, but it has recently rebuffed attempts of same-sex parents to contribute to the effort. Should a community consultant who strongly supports gay rights continue to work with this congregation, assuming that the benefits of achieving the education goal would be available to all families, including gay ones? Would the ends justify the means in this case, or at least make the latter tolerable? If the consultant did remain involved, would it be ethically appropriate for him or her to try to change participants' views on gay rights while collaborating on the education intervention? Or would this constitute overstepping the agreed-upon boundaries for the consultation?

What we have in the third case is an instance where respect for diversity (the congregation's values) is at odds with a commitment to social justice (equality for same-sex couples). In the second case, the conflict is between empirical grounding, collaboration, and empowerment. And in the PAR example there is a tension between empowerment and the fundamental principle of *do no harm*. When faced with conflicts between values and/or principles, community psychologists must prioritize: What values/principles should be weighted more heavily when making a decision in this situation? Although many ethicists would argue that *do no harm* is the most fundamental ethical imperative (hence the phrase "*first, do no harm*"), the guidance provided by this principle, and most other principles and values, is so general that it can be of limited use when resolving conflicts among them in specific

circumstances (e.g., see Mabry, 1999). And “specific circumstances” are where, by definition, ethical challenges take place in community psychology practice.

One implication of this discussion is that community psychologists need to be skilled at analyzing how the particular circumstances they find themselves in engage the values and principles relevant to community practice. For example, in the early childhood education case, would it make a difference if same-sex parents could, if excluded by the congregation, mobilize on their own to lobby for change, or does working with the congregation represent the only realistic option for their meaningful participation in this effort? What is the likelihood that, falling short of involving gay parents in the congregation’s initiative, the community consultant might be able to begin fostering a climate of acceptance within the congregation that could lead to cooperative efforts with gay stakeholders at some point in the future? Finally, is the consultant’s *personal* support for gay rights so strong, and central to his or her self-image, that working with a group that discriminates against same-sex couples would be extremely uncomfortable for him or her? The answers to these questions, and possibly others, would be important for the consultant to consider before making a decision on how to proceed ethically.

Ultimately, the distinctiveness of ethical challenges in community psychology practice is, to an appreciable degree, in the eyes of the beholder. As previously noted, many of these challenges are undoubtedly shared with other applied fields. However, insofar as community psychology often focuses on the welfare of society’s most vulnerable groups, the consequences of not addressing ethical problems effectively take on special, disquieting significance. Questions such as whose interests are being served, and who has the power to make decisions relevant to an intervention (Roos, Visser, Pistorius, & Nefale, 2007), can be particularly daunting in a field whose practitioners have committed themselves to working with disenfranchised groups.

### **Ethics in the Community Psychology Literature**

Analyses framed explicitly in ethical terms have not occupied a particularly prominent position in the writings of community psychologists, at least in the United States. In the widely used text by Kloos et al. (2012), for example, the terms *ethics* and *ethical* do not even appear in the index, although concepts with major implications for ethical practice, such as “core values,” “social justice,” and “cultural competence,” do. Indeed, the observation by Levine, Perkins, and Perkins in 2005 that “ethical discussion is still rare” (p. 466) in community psychology remains largely true. Finding articles in community psychology journals with “ethics” in the title can be an intimidating task, given that so few exist (e.g., Helm, 2013; Hunter, Lounsbury, Rapkin, & Remien, 2011; O’Neill, 1989; Paradis, 2000; Serrano-García, 1994), and the last comprehensive treatment of ethics in the field appeared in 2000 (Snow, Grady, & Goyette-Ewing).

When one does encounter discussions of ethics in community psychology journals, they are usually part of an examination of the challenges faced when conducting community-based research. Hunter et al. (2011), for example, addressed the difficulties of establishing collaborative relationships with community partners in HIV prevention research in New York City. The dizzying array of stakeholders that participated in these interventions



included AIDS service organizations, state and local public health agencies, hospitals/clinics, policymakers, and researchers from various institutions. These groups worked together to develop a Memorandum of Understanding (MOU) that addressed the myriad issues relevant to the research partnership, including privacy rights, confidentiality, risks and benefits to partners and clients, cultural sensitivity, ownership of data and intervention materials, and dissemination of program curricula and research findings. A hallmark of the collaboration was the participants' commitment to a long-term (2-year), transparent process in which their concerns, anxieties, interests, and priorities could be explored in depth. This significant investment of time undoubtedly led to ethical benefits in the MOU that was produced. (For an analysis of ethics in community-based participatory research from a public health perspective, see Buchanan, Miller, & Wallerstein, 2007.)

In another report, Lakes et al. (2012) examine the perspectives that different ethnic and cultural groups bring to informed consent, a core component of ethical research. The authors identify a number of themes, including perceived risks/benefits, participant burden, the meaning and ease of research participation, information needed to make a participation decision, and decision-making strategies. Not surprisingly, there were similarities and differences found on these dimensions between the White, Latina, and Asian American groups studied. This investigation highlights the limitations of believing that "a signed consent form documents shared understanding" (p. 227) and shows that community researchers must take into account the characteristics of the diverse groups they seek to recruit via informed consent.

Indeed, in recent years diversity and cultural competence have probably been the areas where community psychologists have, in their writing, most often tackled issues with direct relevance to ethics. Goodkind et al. (2011), for example, provide a detailed account of Project TRUST, a comprehensive intervention that attempted to address, from the vantage point of multiple stakeholders, health disparities experienced by American Indian/Alaska Native (AI/AN) youth. At the heart of this endeavor was recognition of the estrangement of AI/AN youth from dominant-culture health-care approaches that marginalized their indigenous healing practices and cultural teachings. Although "ethics" per se is not employed as an explicit organizing concept in the analysis, it is clear that Project TRUST emerged from a belief that social justice, as well as ethical and effective community psychology practice, required greater responsiveness to, and embracing of, the culture of AI/AN youth. At a more general level, the call for in-depth engagement of the cultures of groups that community psychologists develop interventions for and with constitute a dominant theme in the field (e.g., Aber, García, & Kral, 2011). In short, in order to be an ethical community psychologist one must also be a culturally competent one (see Chapter 4 for more about cross-cultural competence).

## Ethical Competence

A review of the curricula of graduate programs in community psychology suggests that virtually all programs expose students to ethics in one or more courses. Consistent with this finding, Neigher and Ratcliffe (2011) report that at least 90% of their sample of 146 community psychologists indicated that training in "ethical professional practice" had been

available to them. What is less clear is the extent to which ethics training goes beyond conventional topics in psychological research and practice or treats these topics in a distinctive fashion. As we have seen, traditional concerns such as informed consent, confidentiality/privacy, conflicts of interest, risks/benefits, professional competence, participation incentives, and reporting/dissemination of research results can all assume challenging forms in the multiple-stakeholder, culturally diverse environments in which community psychologists often work on behalf of social justice. Moreover, it is difficult to discern from most community psychology curricula how much attention is given to the ethics of social intervention, as opposed to the ethics of community research. Given the crucial role that such interventions play in the field, one hopes that students would have an opportunity to do more than simply explore the stigmatizing potential of primary and secondary prevention programs.

### What Competencies Are Important?

Community psychologists should have an understanding of basic principles that underlie ethical behavior. The American Psychological Association's (APA's; 2010) Ethical Principles of Psychologists and Code of Conduct identify five such principles:

- **Beneficence and Nonmaleficence:** In essence, this involves acting in ways that benefit others (“doing good”) rather than injure them (“doing no harm”). In practice, the goal is often one of maximizing benefits while minimizing harm. Consciousness-raising strategies, for example, can generate acute discomfort among participants, at least in the short term, as the personal consequences of social injustice are explored. In addition, some participants might even become estranged from friends and relatives *beyond* the short term, causing distress in both groups. What one hopes, of course, is that consciousness raising will generate a sense of efficacy and empowerment that, in the long term, will lead to positive social outcomes that significantly outweigh the strategy's costs.
- **Fidelity and Responsibility:** This principle emphasizes the need for psychologists to develop trusting relationships with others as a result of being seen as professionally responsible. For a community psychologist it requires, among other things, articulating to stakeholders the values that govern one's behavior and acting in accord with those values—for example, making clear how one will enact a collaborative role in working with stakeholders. In some cases this could entail explaining how one's values might *conflict* with stakeholders' values, setting the stage for a discussion of how this conflict should be handled.
- **Integrity:** Integrity focuses on “accuracy, honesty, and truthfulness in the science, teaching and practice of psychology” (APA, 2010, p. 3). Interacting with others in a transparent manner is key here. In the introductory exercise to this chapter, for instance, the evaluator might see his or her integrity being challenged by the superintendent's request to downplay certain results of the program evaluation (see, for example, Morris & Clark, 2013). And in the consciousness-raising example discussed under Beneficence and Nonmaleficence, integrity would require that participants be informed of the potential benefits *and* costs of consciousness raising.

- **Justice:** The concept of justice presented in the APA (2010) principles has an individualistic tone, calling for psychologists to “recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology” (p. 3) and to “equal quality” in the work of psychologists. As a field, community psychology goes further, committing itself to *social* justice, a more macro-level concept that emphasizes the equitable allocation of resources, opportunities, obligations, and power throughout society (Prilleltensky, 2001), with special attention paid to marginalized groups and the advocacy that is often needed to achieve justice for them. To be sure, social-justice claims can be the subject of serious disagreement, resulting in situations where strategies based on those claims (e.g., affirmative action) are themselves criticized as unjust. This humbling realization complicates ethical practice, insofar as it reminds us that social justice is often a contested terrain and that one person’s “moral right” can constitute another’s “moral wrong.”

- **Respect for People’s Rights and Dignity:** This principle affirms the “dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination” (APA, 2010, p. 4). It also asserts the need to be responsive to diversity, noting the various dimensions on which individuals can differ (age, gender, culture, race, disability, socioeconomic status, etc.). Once again, the emphasis appears to be primarily on the individual, in contrast to community psychology’s framing such rights at the group and community levels.

Ethical competence, of course, requires more than just a *knowledge* of ethical principles, community psychology values, and the various subtopics (e.g., confidentiality, informed consent, cultural responsiveness) addressed in textbooks and relevant courses. One must become skilled at using this knowledge to guide decision making in the specific situations that community psychologists encounter in their work. The following questions can serve as a framework for addressing this task, focusing on circumstances where some type of ethical challenge or problem is involved.

### **How Do I Recognize an Ethical Challenge When I See One?**

The answer to this question is not as simple as it might first appear; research indicates that individuals differ in their inclination to identify problems as ethical in nature (e.g., Desautels & Jacob, 2012; Reynolds, 2006). Indications that an issue may be an ethical one include:

- Most obviously, you believe (perhaps only intuitively) that something is “wrong” (unfair, unjust, inequitable, etc.) or threatens to become wrong if appropriate preventive action is not taken. For example, the voices of less powerful stakeholders are silent or are not being taken seriously by more powerful stakeholders.
  - Stakeholders claim that an ethical issue has presented itself.
  - Colleagues not directly involved in the situation, but who have knowledge of it, raise ethical concerns.

### **What Ethical Principles, Values, and Standards Are Most Relevant to This Situation?**

The essential question here is *why* is this issue an ethical one? As we have seen, multiple principles, values, and standards can be relevant to any given case. In the introductory exercise, for example, the superintendent's request can be seen as engaging the principle of integrity (i.e., honesty in reporting findings), the community psychology value of empirical grounding (for the same reason), and perhaps even the principle of *do no harm* (e.g., current and future program participants might suffer if the homework assistance program is discontinued).

### **How Should These Principles, Values, and Standards Be Balanced Against One Another When Making a Decision?**

It would be nice, or at least convenient, if there was a formula for combining a given set of ethical perspectives and then extracting a decision, but no such formula exists. Principles, values, and standards are inherently general and abstract; real life is not. The details of the case at hand must be examined, and a judgment reached concerning what, overall, would represent the most ethical course of action. In some instances one principle might emerge as foremost in importance, while in others a decision that honors multiple perspectives could be warranted. Thus, in the homework assistance case the community psychologist might believe that the modifications the superintendent is seeking in the evaluation report are so significant that they would undermine the report's fundamental credibility. In such a situation, altering the report in the manner requested might be regarded as simply unacceptable. On the other hand, the researcher might view the requested changes as undesirable but not so egregious that all other considerations should be discounted. In that case, the potential impact of the report on the program's continuation might be accorded greater importance, with the *do no harm* principle being invoked.

Reaching a decision based on a thorough analysis of the situation does not guarantee that others would necessarily arrive at the same conclusion (e.g., see Morris & Jacobs, 2000). Professionals can disagree on how to proceed, especially when the circumstances are complex. Individuals can vary in how they see a given principle or value applying to an ethical challenge, or even if they see it applying at all. This is to be expected when one is dealing with general principles. Individuals can also differ in how they *prioritize* certain values and principles in their own practice. Finally, the *personal* (as opposed to professional) values of individuals can vary, and in some cases these differences can play a major role in generating conflicting ethical decisions.

The fact that there is often no "one right answer" that all community psychologists would agree upon when dealing with an ethical challenge does not justify failing to explore the various dimensions of a given situation. Engaging in such exploration is what conscientious professionals do.

### **How Do My Personal Values Interact With the Ethical Challenge I Am Facing?**

We do not bring just our education and professional training to the ethical dilemmas we encounter. We also bring our culture, our childhood, and a host of other formative

experiences that have shaped our personal value system and sense of self. This value system has a legitimate role to play in decision making, especially when dealing with situations where professional and/or disciplinary values may conflict with one another. Thus, as was mentioned in the early childhood education case, what if the consultant's core self-image was intimately tied to his or her support for gay rights? That fact alone might be sufficient to generate a decision not to continue working with a congregation that declined to work with gay parents. Indeed, had the consultant been aware of the congregation's orientation toward gay rights during the entry/contracting stage of the intervention, it is likely that the consultant would not have agreed to take on the effort to begin with. This possibility underscores the importance of thoroughly investigating the ethical dimensions of a community intervention before committing oneself to it. Although community psychology training socializes us, and Institutional Review Boards frequently require us, to engage in this reconnoitering activity when conducting research, we are less likely to be prepared for it when undertaking other types of community interventions. The entry/contracting stage (see Block, 2011) is by far the best time to contemplate the ethical issues that an intervention might engage, because it provides the practitioner and other stakeholders with an opportunity to take actions that can prevent later problems.

### **Have I Solicited the Perspectives of Multiple Stakeholders, Including My Colleagues, on the Issue at Hand?**

When facing difficult, stressful situations one can be tempted to think through the problem and come up with a solution without input from others, especially if one is afraid of being evaluated or judged. ("You were planning to do *WHAT?*") Not surprisingly, this can severely impair the quality of one's analysis and decision making. At a minimum, other stakeholders can provide perspectives on the ethical challenge that one may not have previously considered, helping to reframe the issue for you and those stakeholders. Such reframing can lead to strategies and solutions that otherwise would not have been contemplated.

In the homework assistance case, the evaluator could seek the superintendent's responses to the following questions:

- What do you mean, exactly, when you refer to "downplaying the findings"? Tell me more about why you think this would be a good thing to do.
- Are there ways of modifying the report to build support for the program that do *not* entail downplaying the findings on grades? What are they?
- In what ways could downplaying the findings on grades create problems for the program in the future?
- If our positions were reversed, how would you feel if I asked you to downplay the grade results? Would you think that you were being asked to do anything unethical? Why or why not?
- What concerns, if any, do you think the Board of Education or the foundation would have if they knew of your request?

Asking questions such as these not only can enhance the evaluator's understanding of the ethical issues involved, it might affect the superintendent's views as well. Of course, if the evaluator had engaged the superintendent during the entry/contracting stage in a discussion of how to deal with potentially unwelcome findings, there is a chance—perhaps a good one—that this entire episode might have been avoided.

### **How Do I Proceed if I Conclude That the Ethical Thing to Do Puts Me at Personal Risk?**

The challenge of dealing with an ethical issue does not necessarily end when one identifies what one believes is the “right” course of action. The right course of action might have the potential to be personally costly. In the homework assistance case, the evaluator might fear that the superintendent would speak ill of the evaluator to others in the community if the report was not modified to the superintendent's liking. This could diminish the evaluator's chances of being hired for future projects.

Of course, when enmeshed in a stressful ethical dilemma, our perceptions can exaggerate the severity of the potential negative consequences of implementing a particular decision. Our imaginations can easily conjure up the worst possible scenario. It is nonetheless true that acting ethically can entail personal sacrifice. In these circumstances there is no escaping the fact that moral courage may be called for. As Kidder (2005) has observed, morally courageous behavior occurs when (1) an individual's motivation is rooted in ethical principles, (2) the individual is cognizant of the personal risk associated with supporting those principles, and (3) he or she is willing to accept that risk. Sometimes, the only reason for a community psychologist to do the right thing is that it is the right thing to do.

## **APPLICATION: STRATEGIES FOR DEVELOPING ETHICAL COMPETENCE**

Enhancing one's ethical competence can be accomplished through reflection upon (1) fictional cases, (2) actual cases experienced by others, and (3) one's own experience. The scenario that began this chapter is a fictitious, point-of-decision case. It ends at the point where the evaluator must make a decision on how to proceed. The reader's task is to analyze the case utilizing relevant values, principles, and standards and offer a recommendation for what the evaluator should do. See Box 5.1 for another example of a fictional case.

### **Box 5.1 Herding Cats?**

You have been asked by the executive director of an agency that provides community-based residential services to the seriously mentally ill to assist the agency in an organizational development project at one of its group homes. The executive director wants you to work with both the staff and residents there to strengthen programming. You and the executive director have been friends for

*(Continued)*

(Continued)

over a decade. An initial meeting with the group home manager reveals the following (according to the manager):

Most of the direct care staff believe that organizational development activities should focus on establishing more effective strategies for promoting responsible behavior among residents while they are in the home (e.g., performing household chores, attending group meetings). Turnover among direct care staff in this location is high when compared with the agency's other sites.

Some residents would like to have much more attention paid to developing social and recreational opportunities for them in the wider community. Others are more focused on vocational issues; they feel that little is done to help them obtain part-time work in the community that would provide them with more discretionary income. The manager maintains that this latter desire is largely unrealistic, due to the limitations imposed by the residents' mental illness.

Family members of residents believe that communication between them and the group home is far from optimal. The manager acknowledges that there may be some truth to this claim, but thinks that the impact of certain families on the lives of residents is so dysfunctional that less communication might in fact be better than more communication in those cases.

For his part, the manager sees a lack of qualified direct-care staff as the key to the group home's problems. "The agency's human resources department keeps sending me marginally qualified applicants. They may have been psychology majors in college but they have little practical experience. I end up hiring the best of a very mediocre lot." The manager also thinks the executive director has been aware of the challenges at the group home for over a year, but has chosen not to directly intervene. "She's either stretched too thin or just doesn't care. I'm not sure which."

As you leave the building a direct-care staff member approaches you, shakes your hand, and accompanies you onto the porch. "You're the consultant, aren't you? I took a community psychology course as an undergrad, and believe me, there is so much more we could be doing here to help these folks integrate into the community. But between you and me, that's never going to happen as long as the current manager is running things. He's clueless."

### Questions to Consider

1. If you accepted this consultation, whose interests would you assign the highest priority to? The executive director? Group home manager? Direct-care staff? Residents? How would you decide?
2. What ethical principles and community psychology core values are most directly engaged by this case? Are any of them in conflict? If so, how would you address this conflict?
3. What would you say to the executive director the next time you meet with her?

Case-oriented reports in the community psychology literature can provide a wealth of material for ethical analysis, even when the reports do not foreground ethical concerns. One can explore the ethical dimensions of the case and critique, from an ethical perspective, the decisions made by the practitioners and others. Phillips, Berg, Rodriguez, and Morgan (2010), for example, describe an intervention in which the intervention team approached a middle school principal about “conducting a student-driven participatory action research project in collaboration with the teachers and students at her school” (p. 182). The principal was enthusiastic, and the PAR project was incorporated into an existing program that provided an accelerated academic curriculum for students who had lost a year of schooling. The core of the PAR curriculum consisted of four modules:

- *Building the Foundation* included “team building, ecological thinking and analysis, understanding identity and the cultural self, and an introduction to PAR” (p. 184).
- In *Issue Selection and Introduction to Research Modeling and Methods*, students identified a substantive issue that interested them and developed an approach to investigating it.
- *Research for Action* consisted of the students actually engaging in the research, including data collection and analysis.
- Finally, the objective of *Using the Data for Change* was to have students address the challenge of “how to translate their research findings into small scale action strategies . . . which they could implement and reflect [upon]” (p. 184).

Overall, the project aimed to “help facilitate youth development and empowerment, increase student efficacy, enhance school connectedness, and improve academic achievement” (Phillips et al., 2010, p. 184). In order to achieve this objective the intervention team tried to develop a strong collaborative and supportive relationship with the two classroom teachers participating in the project.

The project did not proceed smoothly for multiple reasons. For example, the teachers felt that certain aspects of the PAR approach (e.g., encouraging students to question basic assumptions and policies and explore controversial issues) “undermined their control” (Phillips et al., 2010, p. 186). Indeed, a number of topics that students felt strongly about were essentially deemed off-limits by the teachers, undermining a key component of the PAR philosophy embraced by the intervention team. At one point the project was suspended for 2 months because the teachers believed that more regular instructional time was needed to prepare students for upcoming state-wide standardized tests. In addition, in a few instances teachers performed research-oriented tasks for students rather than engaging in the more time-consuming activity of facilitating the development of the students’ skills in those areas. Finally, as the intervention evolved it became clear to the team that “the teachers felt they did not have a choice whether they participated in either PAR or action research. They felt coerced by the principal into participation” (p. 192). Against this background, it is not surprising that the team reports that “our collaboration [with the teachers] never completely embodied unity of purpose” (p. 191).



The team's detailed account of this intervention, characterized by admirable candidness, provides readers with an opportunity to explore its ethical ramifications. Among the questions that might be addressed:

- Was the team so eager to launch the project and empower students that they failed to explore in sufficient depth, and with adequate competence, the teachers' feelings about the project? Were the rights of the teachers fully respected?
- What ethical responsibilities did the team take on when facilitating a climate that encouraged students to engage in conversations that could generate conflict, controversy, and confrontation with authority figures in a fairly rigid organizational hierarchy? If the team believed that students raised legitimate issues that were brushed aside by those in power, did they have an obligation to engage in some measure of advocacy on the students' behalf? Why or why not?
- If the team had known prior to the initiation of the PAR project that the teachers felt participation pressure, would that knowledge alone have been enough to justify not undertaking it? In this case it appears that the school district would have required the teachers to participate in an action research project of some sort, even in the absence of the PAR project. To the extent that this is true, does it alter the ethical status of the PAR project's coercive nature? Could the intervention team take ethical solace in the possibility that the PAR project promised to be a higher quality, more empowering experience for students than some other mandated project might prove to be? Or is that just a rationalization, given that a less ambitious alternative project might not have burdened the teachers with as much work as the PAR project did? Whose welfare should be accorded greater priority by the intervention team—the students or the teachers?

Questions such as these do not lend themselves to easy answers, but contemplating them can hone one's skills in analyzing the ethical dimensions of one's own community practice.

Keeping an "ethics journal" is another excellent method for developing skills in reflection and analysis. One can start such a journal at the beginning of any community project. Early entries should focus on the ethical issues that appear to be most prominent in the upcoming intervention, the values and principles that are involved, and how one plans to deal with those issues. Later entries report the outcomes of the strategies employed, how they might need to be modified, and any new ethical challenges that have emerged. Linking issues and actions to specific values and ethical principles can help one internalize the "frames of mind" a community psychologist should bring to the attempt to interact ethically with stakeholders. This should greatly enhance the entry/contracting stage of community interventions, when, as has been noted, the opportunity to *prevent* ethical problems, through open discussion with stakeholders, is greatest. See Box 5.2 for a case, adapted from an experience early in my community psychology career, where more effective management of the entry/contracting stage would have been ethically beneficial.

### Box 5.2 It's the Students I'm Afraid Of . .

A university colleague has asked you, a new arrival on campus, to partner with him on a needs assessment project that a local school district has hired him to conduct. The previous year a high school teacher was shot and killed by a non-student intruder during an attempted robbery in the high school. In the aftermath of this incident the district's school superintendent obtained a grant from a philanthropic foundation to support a study of teachers' views of safety issues within their schools and what steps might be taken to prevent future violence. You accept your colleague's invitation and embark upon a comprehensive study, using both interviews and surveys, of teachers' experiences and perceptions in six of the city's middle schools and high schools. The findings indicate that, for the most part, teachers regard the robbery/murder as a "freak" event with very little chance of reoccurring. What concerns teachers much more are the daily indignities they experience in interactions with many of their students: displays of disrespect and hostility, threatening (and profane) language and gestures, and the like, all taking place within a general school environment characterized by what might best be described as "chaotic incivility." Many teachers are scared, to be sure, but the source of their fear is not outsiders, but the youth they are supposed to be educating. You and your colleague prepare a report detailing these results and your recommendations and submit it to the superintendent.

Is there anything wrong with this picture? Some might assert that there is, and ask: Where are the voices of the students in this needs assessment? They were key stakeholders in these schools, yet their views of an issue with major implications for everyone in those buildings were not solicited. Here are a few questions worth pondering:

- Although the scope of the needs assessment had already been determined when you joined the project, should you have lobbied to broaden the focus of the study to include students as a condition of your participation? What would have been the benefits of broadening the focus?
- When it became clear that many teachers saw students as the source of the problem, did you and your colleague have a responsibility to explore with the superintendent the possibility of expanding the needs assessment?
- Does the inclusion of students in this investigation even represent an ethical issue to begin with? Can one argue that in this instance the foundation and the superintendent have the right to specify the parameters of the needs assessment as they see fit? Is this a situation where it might be wise, but it is not ethically required, to include student perspectives?

Finally, the value of consulting with experienced colleagues cannot be overestimated. The SCRA listserv, for example, is a rich resource for raising ethical questions and issues that others can respond to online and offline. When wrestling with ethical challenges, there is usually no need to "go it alone."

## THE FUTURE OF ETHICS IN COMMUNITY PSYCHOLOGY PRACTICE

In their review, Snow et al. (2000) ask, “Why has a field that places a premium on social concerns and social impact neglected the development of ethical guidelines?” (p. 898). They observe that “while the complexity inherent to community psychology may complicate the actual development of ethical guidelines, these same unique characteristics create a compelling need to undertake that very task” (p. 898). That compelling need still exists. Community psychology has matured to the point where the absence of such guidelines threatens to limit the field’s credibility as a source of informed, responsible social intervention. To be sure, the interdisciplinary orientation of community psychology will pose a challenge to those attempting to craft a set of ethical guidelines, but other interdisciplinary fields such as program evaluation have successfully addressed this task (e.g., AEA, 2004). The era of routinely complaining that the American Psychological Association’s ethical principles and code of conduct are not a good fit for community psychologists must come to an end. Community psychology needs its own ethical principles.

The other major ethics-related item that should be on the agenda of community psychology is research. There is virtually no systematic research on the ethical challenges that community psychologists encounter in their practice. There are no large-scale, representative data sets describing the types of ethical problems that community psychologists confront, how they respond to those problems, and what the consequences of those responses are. Our ethical discussions tend to be theoretical and anecdote-driven. For a field that holds “empirical grounding” to be one of its core values (Kloos et al., 2012), this is distressing. When community psychology does finally undertake the task of establishing formal ethical guidelines, it would be wise, to put it mildly, if this effort were informed by a knowledge of what the field’s members have experienced in this domain. There are more than a few doctoral dissertations waiting to be written here, dissertations that could help lay the foundation for enhanced ethical practice throughout the field.

More published case studies that focus on ethical issues in community interventions would also be welcome. Theoretical discussion of ethics is useful and engaging, but it is not a good substitute for exploring in detail the decision contexts that practitioners face as they negotiate ethical challenges. Such case studies would be especially helpful as a component of graduate training and professional development workshops in community psychology.

Finally, community psychology would be well served by increased dialogue on the relationship between ethics and the field’s commitment to social justice. Inherent in the concept of social justice is the notion of a moral “ought” or “should”—the language of ethics—applied at the macro-level of analysis. As has been noted, however, competing visions of social justice abound, with each vision making its own claims of ethical superiority. Community psychology, for its part, has carved out a social-justice agenda that most observers would characterize as occupying the left/liberal side of the political spectrum. What are the implications of this reality for the ethics of community psychology practice within our ranks? To what extent do political conservatives feel comfortable and accepted in community

psychology? Does respect for diversity, another community psychology value with ethical significance, call for the field to embrace diverse political orientations? Would the field be more ethical if it were more politically inclusive? Or is such a vision fundamentally unrealistic and perhaps undesirable? Ultimately, these are questions that go beyond the scope of this chapter, but they are worthy of a field that wishes to refine and articulate a distinctive ethical agenda for its practice.

## SUMMARY

1. Ethics deals with “what is good and bad and with moral duty and obligation,” and it is a domain that cuts across all of the other core competencies addressed in this volume.
2. Community psychology has not developed an official set of ethical guidelines, but it does encompass a set of goals and core values that establish a foundation for ethical practice, a foundation it shares, in part, with other applied fields such as program evaluation and public health.
3. Traditional topics in ethics such as informed consent, confidentiality, and conflict of interest can take on distinctive characteristics in the multiple-stakeholder, culturally diverse environments of community psychology practice where social-justice concerns are often highlighted.
4. Analyses framed explicitly in ethical terms have not occupied a prominent position in the writings of community psychologists, but when they do occur, the emphasis tends to be on ethical challenges encountered in community-based research.
5. Though they are largely framed in individualistic terms, the Ethical Principles articulated by the American Psychological Association represent a reasonable point of departure for conceptualizing the ethical competencies required of community psychologists.
6. Community psychologists should be skilled at recognizing ethical issues, identifying and balancing the principles/value/standards relevant to those issues, soliciting the perspectives of multiple stakeholders concerning them, incorporating personal (not just professional) values into their analysis, and understanding the role that personal risk-taking can play in making ethical decisions and acting upon them.
7. Strategies for developing ethical competence include reflecting upon fictional cases, analyzing actual cases experienced by others, examining one’s community practice through an “ethics journal,” and dialogue with colleagues.
8. The time has come for community psychology to develop its own set of ethical guidelines, one that is informed by sorely needed systematic research on ethical issues encountered in community practice. Increased attention to the relationship between ethics and the political implications of the field’s commitment to social justice is also needed.

## DISCUSSION QUESTIONS

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1. In your view, is developing ethical competence more or less difficult than developing content-oriented expertise in areas such as policy advocacy, community organizing, and participatory research? Why?
2. Experienced professionals can disagree on how on a specific ethical challenge should be handled in community psychology practice. Overall, do you think this is a good thing or a bad thing for the field? Why?
3. If you were given the task of developing a set of guiding ethical principles for community psychology, what would be the first principle you would establish? Why would you make it the first?
4. Research on attribution theory tells us that many individuals tend to *externalize* problems; that is, they do not view their own behavior as causing the difficulties they experience. What are the implications of this finding for our understanding of the ethical challenges in community practice reported by community psychologists?

## KEY TERMS AND DEFINITIONS

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**Ethics:** Pertains to what is morally good and bad and to moral duty and obligation.

**Principles:** Fundamental, broadly stated prescriptions for ethical conduct.

**Standards:** Specific statements that provide guidance for ethical behavior, often framed in terms of ideal or model behavior.

**Values:** Strongly held ideals about what is moral, right, or good (Kloos et al., 2012, p. 25).

## RESOURCES

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### Recommended Reading

- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Washington, DC: American Psychological Association.
- Buchanan, D. R., Miller, F. G., & Wallerstein, N. (2007). Ethical issues in community-based participatory research: Balancing rigorous research with community participation in community intervention studies. *Progress in Community Health Partnerships: Research, Education, and Action*, 1, 153–160.

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- Yarbrough, D. B., Shulha, L. M., Hopson, R. K., & Caruthers, F. A. (2011). *The program evaluation standards: A guide for evaluators and evaluation users* (3rd ed.). Los Angeles, CA: Sage.

## Recommended Websites

- American Evaluation Association: Guiding Principles for Evaluators: <http://www.eval.org/publications/guidingprinciples.asp>
- American Evaluation Association: Guiding Principles Training Package: <http://www.eval.org/GPTraining/GPTrainingOverview.asp>
- American Psychological Association: Ethical Principles of Psychologists and Code of Conduct: <http://www.apa.org/ethics/code/index.aspx>
- Ethics in Community Psychology (G. Nelson & J. Prilleltensky): <http://www.palgrave.com/psychology/nelson/students/ethics.html>
- Joint Committee on Standards for Educational Evaluation: Program Evaluation Standards Statements: <http://www.jcsee.org/program-evaluation-standards/program-evaluation-standards-statements>
- Society for Community Research and Action Listserv: <http://www.scra27.Org/about/elistserves>
- The Community Tool Box: Ethical Issues in Community Interventions: [http://ctb.ku.edu/en/tablecontents/sub\\_section\\_main\\_1165.aspx](http://ctb.ku.edu/en/tablecontents/sub_section_main_1165.aspx)

## COMPETENCY DEVELOPMENT ACTIVITY

Interview a community psychologist about an intervention that he or she participated in where an ethical challenge emerged. Ask the interviewee to discuss the following issues:

- What was the nature of the challenge?
- What values or ethical principles did you see this challenge as threatening?
- How did you respond to the challenge? Why did you respond in the way that you did?
- How satisfied were you with the way things turned out? Why?
- In retrospect, do you think there is anything you could have done to prevent this challenge from occurring? If so, what?

### Self-Exploration Worksheet

What personal values concerning right and wrong are most important to you? How do these values influence the way in which you approach your work?

Select a major ethical challenge that you have encountered in your personal or work life. When responding to that challenge, what were the major values or principles you were trying to uphold?

Have you experienced situations where your personal values and professional values have been in conflict? If so, how did you respond? What did you learn from this experience?

Have you ever been in a situation where, in order to do the morally right thing, you had to make a significant personal sacrifice? If so, what did you learn from the experience?

Have you ever *not* done the morally right thing because it would have been too personally risky? If so, what did that experience teach you?

### Competency Assessment Worksheet

1. Read a detailed account of a community intervention in a community psychology journal or related publication.
2. Conduct an "ethics audit" of the intervention. How did the development and implementation of the intervention embody each of the following five ethical principles?
  - Beneficence/nonmaleficence
  - Fidelity and responsibility
  - Integrity
  - Justice/social justice
  - Respect for people's rights and dignity
3. Were there ways in which the intervention did not uphold one or more core values in community psychology, even though it lived up to the principles addressed in Question 2?
4. From an ethical perspective, are there aspects of the intervention that you would have handled differently? If so, what would you have done, and why?

**NOTE**

1. SCRA is the official “home” of Community Psychology (Division 27) in the American Psychological Association. It serves a variety of disciplines that focus on community research and action.

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