

Candilis, P. & Neal, T.M.S. (2014). Not just welfare over justice: Ethics in forensic consultation. *Legal and Criminological Psychology, 19*, 19-29. doi: 10.1111/lcrp.12038.

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Not just welfare over justice: Ethics in forensic consultation

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Abstract

The ethics of forensic professionalism is often couched in terms of competing individual and societal values. Indeed, the welfare of individuals is often secondary to the requirements of society, especially given the public nature of courts of law, forensic hospitals, jails, and prisons. We explore the weaknesses of this dichotomous approach to forensic ethics, offering an analysis of Psychology's historical narrative especially relevant to the national security and correctional settings. We contend that a richer, more robust ethical analysis is available if practitioners consider the multiple perspectives in the forensic encounter, and acknowledge the multiple influences of personal, professional, and social values. The setting, context, or role is not sufficient to determine the ethics of forensic practice.

Keywords: forensic; psychology; psychiatry; ethics; consultation

Not just welfare over justice: Ethics in forensic consultation

The public forum – the root of the term “forensic” – provides a setting where individual welfare and social justice strain against each other. Professionals who work in public fora, or forensic practitioners, work in settings like courtrooms, correctional facilities, and national security agencies that raise one of the most painful dilemmas in professional ethics: deciding whether their primary duty is to the legal aspects of their work or to the clinical and scientific standards they employ. The law determines many of the elements critical to forensic work, while the scientific and clinical professions socialize, train, and introduce practitioners to their craft. The public forum consequently provides the setting where these ethical and professional tensions play out.

Nowhere is this tension borne out more poignantly than in questions of community security, namely in assessing individuals who may present a danger to those around them. Individuals committed or incarcerated, for example, as a danger to commit suicide, to terrorize, assault, assassinate, rape, or set fires raise harrowing concerns for their safety and the safety of families, neighbors, and children. Such individuals bear enormous scrutiny as society determines whether they can re-enter the community and face high thresholds for that re-entry. In such cases it is almost a matter of faith that legal, and indeed community, standards will trump other considerations. After all, the decisions are often made in courtrooms – presided over by professionals with legal, not clinical, training.

Yet, a social contract is in place that requires special protections for those in vulnerable positions. Prisoners are protected by Supreme Court rulings that require avoiding “deliberate indifference” to their health (*Estelle v. Gamble*, 1976); patients interacting with clinical professionals are afforded informed consent, and accused criminals require Miranda warnings

and access to counsel. There are also professional standards for psychologists, psychiatrists, nurses, social workers, and scientists that require attention to the rights of individual evaluatees (Candilis et al, 2007).

It may be clear that it is not sufficient for one set of values to trump another. The principles guiding community safety and law come up against not only the principles supporting individual rights and care but also the expectations of communities and organizations. The public setting of the courtroom invites consideration of multiple perspectives in an adversarial framework called imperfect procedural justice (Rawls, 1971). Recognizing that Truth is an ideal in human affairs, it is *procedure* that matters most of all, so that if a fair process is followed, Truth can be closely approximated even if it is not attained.

It may be tempting to consider an equal balance between justice and welfare as a solution to the tensions of forensic practice. In fact a wide-spread principlist model urges recognition of competing *prima facie* principles of beneficence, non-maleficence, justice, and autonomy (Beauchamp and Childress, 2001). The principles are equal at first look (*prima facie*), but can be weighed against each other by following certain ethical rules.

The difficulty has been that ethics and professionalism have never been about principles alone (Arras, 1997). Context matters, so that the narrative of those involved in the forensic encounter – evaluatee, evaluator, victim, witnesses, community – is part of the forensic and ethical analysis. In forensic reports, collateral sources are used to paint a complete picture of events. School and hospital records contribute to analysis and outcome. The evolving thinking of the profession colors the result as well. Context comes from the full story or narrative and allows a deeper understanding of the intentions and motives of actors in the human drama.

This is a language that arises from the new perspective of narrative ethics, a perspective that offers a powerful new tool for exploring the conflict and tension of forensic cases. For deciding which ethic comes first – which duty is paramount – narrative provides the beginnings of a richer and more robust discussion of forensic professionalism.

We will follow the historical narrative of psychology, at times comparing it to psychiatry, to tease out the primary influences on forensic practice, and offer a unified model that goes beyond the role-based ethics of either justice or welfare. We will underscore the profession's involvement in military and security affairs to develop the point that forensic practice requires a unified, integrated, and robust vision of professional ethics.

Historical Context: The Roots of Psychology

Psychology developed out of the traditions of moral philosophy. It developed in the 19th century as an experimental science attempting to quantify and measure ideas that had fascinated philosophers for centuries: ideas like consciousness, sensation, and perception (Grisso, 1993). Indeed, experimental psychologists made up the American Psychological Association (APA) in its early years. However, during the early part of the 20th century, some psychologists began applying psychology outside the laboratory (see e.g. Grisso, 2001; and <http://www.apa.org/about/apa/archives/apa-history.aspx>).

During World War II, for example, psychologists developed group tests for military examiners to determine quickly the draft eligibility of young men, and provided mental health services to hospitalized soldiers upon their return home (Fisher, 2003). Thus “clinical” psychology – the application of basic psychology to evaluating and treating people – was born (Grisso, 2001). Clinical psychology experienced considerable growth during and after World War II.

In response to the advent of clinical psychology, the APA broadened its scope after the World War, from the experimental science of psychology to the promotion of human welfare (e.g., clinical applications). This included efforts well-known today, from the treatment of families and individuals to consultations in school systems and workplaces. Today, APA remains the largest scientific and professional organization representing psychology in the United States. In keeping to its roots, it continues to serve both experimental and applied fields.

Development of an Ethics Code in Psychology

In response to the increased professional activity and public visibility of psychologists during and after World War II, psychology developed a code of ethics. In 1947, APA appointed a Committee on Ethical Standards for Psychologists to develop a code that was to guide both experimental and applied psychologists and be applicable across diverse roles and contexts (Fisher, 2003). One of the members of the original committee wrote about their task, “In a field so complex, where individual and social values are yet but ill defined, the desire to play fairly must be given direction and consistency by some rules of the game” (Hobbs, 1948, p.81).

In recognizing both individual and social values, the committee gathered more than 1,000 case examples of ethical problems encountered by psychologists in their daily work (Fisher, 2003). These cases ranged from psychologists’ relationships with and responsibilities to others, confrontations between academic freedom and McCarthyism, to dilemmas faced by psychologists working in industry (Fisher, 2003). The organization consequently drafted its code based on the ethical issues in these case examples. In a process that would anticipate future codes in other professions, the authors included both aspirational standards (i.e., ideal standards of conduct toward which all psychologists should strive) as well as professional values and

practical techniques for identifying and resolving moral problems (Fisher, 2003). After revisions and critiques from the membership, APA's first code of ethics was published in 1953.

The APA ethics code has undergone nine revisions since that time, but it remains applicable to all brands of psychologists today – no matter the setting in which psychologists work or the type of work they do. There are both enforceable rules (e.g., minimum standards of conduct for which violations have consequences) and aspirational principles in the current ethics code. In an attempt to maintain a realistic regulatory stance, the APA expects that enforceable standards are only enforceable for APA members, but aspirational principles apply to all psychologists regardless of membership in the APA.

For our purposes in determining the ethics of forensic practice, it is the aspirational principles that are most relevant. They comprise five broad goals from the principlist model: *Beneficence and Nonmaleficence* (i.e., striving to do good and do no harm), *Fidelity and responsibility* (i.e., meeting responsibilities, avoiding conflicts, maintaining trustworthiness), *Integrity* (i.e., maintaining honest communications and accuracy), *Justice* (i.e., striving to ensure all people have fair and equitable access to and benefit from scientific knowledge), and *Respect for people's rights and dignity* (i.e., taking precautions to safeguard individuals' rights and welfare, and striving to be aware of and eliminate the effects of prejudice). The cardinal principles of professional ethics are recognizable here, as is the idea that ethics apply across all settings and contexts.

Psychology's Approach to Dual Agency

Over time, the most parsimonious approach to professional ethics has been to apply principles within a specific role or to see practitioners as agents of a specific institution (Bradley, 1988). Professionals may act as forensic experts in one setting but as citizens and parents in

others. They may be agents of a court, a hospital, a school committee, or a family at different times. They do not act as parents when they serve as courtroom experts; they wear different “hats” depending on the role or context. The tension arises when the principles guiding one role come up against the principles of another. This is the problem of dual agency – a problem that consequently invites input from more than two perspectives.

A dual agent, then, is a person or company representing both parties to a transaction (e.g., a real estate agent representing both buyer and seller). This situation may lead to a conflict of interest, and – for real estate agents at least – is illegal in many states. Psychologists usually serve in a single capacity by applying psychological knowledge to individual cases; that is, the client is the individual receiving the service. However, psychologists represent distinct values derived from many sources: their profession, upbringing, education, and experience, so they may become involved in a further conflict because third parties are interested in the outcome of their work. The third parties may be interested in the result for a variety of reasons that do not involve an evaluative, diagnostic, or treatment relationship with the person to whom services are provided.

Courts, for example, may wish to know whether a person has a mental illness and what the effects of the illness might be on that person’s behavior. Police departments may wish to know whether the officers they intend to hire are psychologically stable. Disability insurers may wish to know whether patients are legitimately ill or whether they are malingering in order to receive payment. Governments may want to know whether a person poses a legitimate threat to the safety and security of the state, and so forth. In these cases, it is not clear who the client is. That is, without clarification of this question, the person being evaluated or treated may think s/he is the client, while the third party paying the bill may think the same.

Without clarification of this agency question – “Who is the client?” – and recognition of the multiple influences on the answer, each one of the five aspirational principles of the psychologist’s code could be violated. Let’s say, for example, that a judge wants to know whether Jimmy Doe, a defendant accused of an attempted assassination, is mentally ill. Dr. Smith, a psychologist, accepts the referral and conducts a diagnostic evaluation. Mr. Doe appreciates receiving the diagnostic workup and very much wants help, so he divulges a great deal of private information. He tells Dr. Smith about his father sexually abusing him when he was a child; he talks about his guilt over sexually abusing children in his neighborhood; and he reports current thoughts of killing himself.

If Dr. Smith did not make the purpose of the evaluation thoroughly clear to Mr. Doe (and remind him several times), inform him how the information would be used, and make clear that the role of the evaluator was not that of a treating professional, there is a high likelihood of harms unrelated to the purposes of the evaluation. These harms include:

- harm to Mr. Doe (i.e., by disclosing several new crimes) in violation of *beneficence and nonmaleficence*
- conflicting expectations of Dr. Smith by the two parties, a situation in which one of the parties is bound to have their expectations violated, contravening *fidelity and responsibility*
- damage to Dr. Smith’s *integrity*; he has not communicated honestly about his role or the purpose of the evaluation with one or perhaps both of the parties
- ignoring Mr. Doe’s clinical needs: It is not clear whether Dr. Smith should take action to connect Mr. Doe with the treatment services he clearly needs, which is perhaps in violation of beneficence and possibly fairness, the *justice* principle

- presenting irrelevant and inflammatory information in court: If Dr. Smith were to write or testify about Mr. Doe’s experience of sexual abuse at the hands of his father, particularly if it was not relevant to the purposes of the evaluation, it would violate the principle of *respect for persons*.

The APA ethics code includes specific standards to help psychologists navigate these agency problems. For example, APA Standard 3.10 “Informed Consent” protects the self-governing and privacy rights of those with whom psychologists work by requiring psychologists to “obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons...” Informed consent procedures mandate that psychologists describe the nature and purpose of the service as well as the limits of confidentiality. Specific guidance is provided for informed consent with persons who are legally incapable of giving informed consent, as well as the special exceptions to informed consent when psychological services are court-ordered or otherwise mandated.

In addition, there are several standards to guide psychologists toward principled behavior in light of the special ethical challenges associated with serving in a dual role. For example, APA Standard 3.07 “Third-Party Requests for Services” makes clear the requirement of explicitly identifying “Who is the client?” Psychologists must specifically identify the client to *all* individuals involved, clarify the nature and purpose of the service (including the non-treatment role of the psychologist), and the limits of confidentiality.

As a final example, APA Standard 3.11 “Psychological Services Delivered To or Through Organizations” goes beyond the individual consent protections in standard 3.10 to apply to forensic evaluations, consulting, or other psychological services delivered to or through organizations. This standard builds on 3.07 and 3.10 by requiring psychologists to provide

information to and obtain informed consent from the organization as well as individual evaluatees. Psychologists must clarify the intended recipients of their services, which of the individuals are clients, the relationship the psychologist will have with each person and with the organization, and meet the other elements of informed consent as well. If the psychologist will be prevented from providing feedback about the results to either the organization or the individual, the psychologist must make clear the obligations to all parties at the outset. The APA consequently identifies obligations to the profession in making clear the influence of multiple agents in otherwise classic dual agency cases.

Ethics in the Context of National Security¹

Nowhere are the multiple influences on forensic professional ethics more salient than in discussions of national security. If the social structure that offers a foundation for professional practice is threatened, professionals can easily be recruited to assess threats, predict outcomes, and elicit information. This is precisely what occurred after the terror attacks of September 11, 2001. Behavioral Science Consultation Teams (BSCT or “biscuit” teams) were famously developed to advise military interrogators after 9/11 (Margulies 2007, Candilis 2009). Psychologists and psychiatrists advised the military on the weaknesses of military detainees, and “stress positions,” “sleep deprivation,” and other terms entered the common parlance. Indeed, aggressive interrogation techniques became indistinguishable from outright torture. The historical narrative that preceded the notorious involvement of BSCT teams in national security provides the context for a discussion of the importance of professional ethics that evolves toward acknowledging multiple perspectives in forensic work. We now turn to this historical narrative.

¹ This information is drawn from a website documenting the “Timeline of APA Policies and Actions Related to Detainee Welfare and Professional Ethics in the Context of Interrogation and National Security” – available at <http://www.apa.org/news/press/statements/interrogations.aspx>

In 1985, the APA and the American Psychiatric Association issued a joint statement condemning torture and supporting the *UN Declaration and Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment*, the *UN Principles of Medical Ethics*, as well as the joint Congressional Resolution opposing torture signed into law by President Reagan on October 4, 1984. In 1986, the APA Council of Representatives approved a *Resolution Opposing Torture*, in which APA noted that “psychological knowledge and techniques may be used to design and carry out torture” but that APA “condemns torture wherever it occurs.” This policy has since been reaffirmed by the APA several times.

However, voices within the profession left room for practitioners to serve security interests. In response to heated controversy regarding the appropriateness of involvement in military interrogations, the American Psychological, Psychiatric, and Medical Associations appointed special committees to explore the ethical aspects of involvement in military interrogations (Behnke, 2006). By 2006, each organization had issued their respective position statements. The APA position was published in the “PENS” Task Force report, which we briefly discuss first. We then compare and contrast the APA position with the concurrent American Psychiatric and Medical Associations before discussing their continuing evolution over the past seven years.

The PENS Task Force Report

In 2005, the APA Task Force on Psychological Ethics and National Security (PENS Task Force) was established to address the controversial role of psychology and psychologists in interrogations and give guidance to APA members about work in national security settings. The Task Force report was released on July 5, 2005 (see <http://www.apa.org/news/press/releases/2005/07/pens.aspx>) and was formally adopted by the

APA Board of Directors as APA Policy. It affirmed the adequacy of the ethics code in addressing the ethical dimensions regarding psychologists' involvement in interrogations and other national security-related activities. It concluded that the ethics code did not prohibit psychologists from serving in consultative roles to interrogation or information-gathering processes in national security settings. However, the report also found that psychologists have an "ethical obligation to be alert to and report any acts of torture or cruel or inhuman treatment to appropriate authorities."

In fact, the report specifically "rejected the contention that when acting in roles outside traditional health-service provider relationships psychologists are not acting in a professional capacity as psychologists and are therefore not bound by the APA Ethics Code." Thus, the Task Force explicitly concluded that the APA ethics code applies to all psychologists – regardless of their training, experience, work role, or whether they identified themselves as "psychologists," "behavioral scientists," or another term.

The American Psychological, Psychiatric, and Medical Association Positions on Involvement in Military Interrogations

In 2006, the director of the APA Ethics Office, Stephen Behnke, J.D., Ph.D., offered a comparison of the ethical foundations of the American Psychological, Psychiatric, and Medical Associations' positions. He concluded that the American Psychological and American Medical Association positions were quite similar, but that they were substantively different from the position of the American Psychiatric Association. What all three organizations had in common – and continue to have in common – is the ethical mandate that no psychologist, psychiatrist, or physician ever facilitate or permit torture or other inhumane treatment.

Behnke noted that the APA and AMA ethical analyses both rested on balancing two obligations: obligations to protect individual human rights against obligations to protect third parties and the public. These obligations are derived from the APA aspirational principles of beneficence/nonmaleficence and fidelity/responsibility, which address psychologists' responsibilities to society. These are tied explicitly to using psychological knowledge to aid in the understanding of human behavior and in the prevention of harm (Behnke, 2006). In contrast, the American Psychiatric Association's position emphasized protecting individual human rights by resting squarely on the "Do no harm" principle. Protecting society was secondary.

These different approaches led the professional associations to reach different conclusions. Whereas the APA concluded that psychologists could consult to interrogations for national-security related purposes under strict ethical guidance (e.g., never serving as a treater and interrogator at the same time, not being involved in coercive interrogations, not using information from an individual's medical chart to inform the interrogative methods, reporting interrogations in which unethical behaviors occur), the American Psychiatric Association concluded that psychiatrists could not ethically consult to interrogations at all, even if the interrogation were conducted to "identify other persons who have committed or may be planning to commit acts of violence" (Behnke, 2006).

Controversies over Prioritizing Justice over Individual Welfare

Finding the appropriate ethical balance between individual and society has continued to prove challenging for psychology and psychiatry and underscores the weakness of this dichotomous approach. Prioritizing one's duty to the hiring organization (for example, developing and monitoring interrogation techniques to extract information from enemy combatants) over one's duty to protect individual human rights has proved especially

controversial in the last several years. This is because the PENS Report and the 2002 revision of the APA guidelines did not speak directly to the ethics of relative balancing.

Without clear ethical guidance on the appropriate balance between societal and individual rights, some psychologists and psychiatrists prioritized society's needs over the rights of individuals. This work played out primarily in national security settings where the perceived need to protect society was so great. For example, one prominent psychiatrist who advised government agencies observed that psychiatrists could legitimately develop and monitor interrogation techniques because they acted in a role outside their traditional obligations (Phillips, 2005). This approach, known as "exceptionalism" where forensic professionals act under an *exception* to traditional ethical rules, made room for a different ethic when practitioners served security interests. Indeed, the APA itself noted professionals' potentially constructive role in recognizing abuse or health concerns.

In the mid-2000s, when the professional associations were initially considering the appropriate ethical balance between individuals and society, many commentators felt that a mere balancing of interests could solve the problem of dual agency. Where there were tensions between professional values and organizational norms (whether federal, correctional, or judicial), practitioners were urged to clarify conflicts, inform parties involved of their agency, and seek resolution to the conflict (Allan, 2013). It seemed a sufficient course to address the tension of competing values.

The danger, however, was in the creation of institutional or "artificial" persons (Wolgast, 2001). Drawing on the philosophy of Thomas Hobbes, Elizabeth Wolgast was among those raising the alarm about individual responsibility in the face of organizational values. She applied the concept of "artificial," "feigned," or "fictional" persons to describe the moral vacuum of

individuals speaking or acting on behalf of their institutions (Candilis et al, 2007). At a time when security interests were driving societal and professional norms, it was this dynamic that created a widening gap between professional values and organizational or societally driven goals. It ignored both personal and professional values as moderating influences.

The historical narrative of the clinical and behavioral sciences raised yet another specter during the ascendancy of BSCT teams and behavioral consultation to the armed forces. The lessons of Nazi medicine and Soviet psychiatry could not be fully appreciated when exceptionalism pushed the behavioral sciences outside traditional clinical norms. The protections of individual rights and professional standards were weakened when there were special, attenuated rules for the treatment of individuals in the control of the state. The Department of Defense's own regulations at this time confirmed that consulting professionals could behave in a manner "inconsistent with traditional medical ethics" (Keram, 2006).

For forensic psychiatry, exceptionalism reached its zenith with the publication of a theory for forensic practice that was based in research ethics (Appelbaum, 1997). This approach to the work of forensic practitioners equated forensic practice with the standards of conducting clinical research. Research participants could not expect clinical care, but were protected by information disclosures and a clear description of the purpose of the research. For forensic practice, social values of truth and justice could therefore apply with more force as long as there were disclosures on the limits of confidentiality and a clear description of the purposes of the encounter. Indeed, forensic professionals could not be useful to society if they remained committed to ideals of beneficence: putting the patient first, following ideals of self-actualization and protection from harm.

The response from other commentators was swift. Some recognized that truth and justice could not be served if other voices were not heard. The inequalities of society and the legal system were not addressed in simple agency conflicts (Griffith, 1998; Candilis et al 2001). The narrative of vulnerable individuals and non-dominant cultures before the bar was not equivalent to that of the dominant culture. There could be no justice in professional frameworks that did not address the unequal treatment of non-dominant groups. Antiseptic balancing of truth and justice rang hollow when the narratives of vulnerable populations and individuals were ignored (Candilis, 2009).

For Michael Norko of Yale (2005) there was even more to forensic practice than truth-telling or principles of justice. In the move toward a more culturally sensitive practice, Norko saw norms of social discourse that relied on basic religious and philosophical systems. The biblical Golden Rule and Kant's "treat others as you would be treated" identified a moral foundation of forensic practice based on compassion for the vulnerable individual. Drawn from a commonality of human experience and compassion for others, this approach required that the law and forensic practice be entrusted to those who understood this obligation between citizens. Otherwise, damage to both individuals and institutions would ensue.

The weaknesses of exceptionalism and strict role theory in the work of forensic practitioners were becoming evident. Setting the work of psychological and psychiatric consultants outside the traditional norms of practice created a speculative role outside the influences of the profession's historical narrative, the protections of professional codes, and the presence of personal values. Such "artificial persons" had little moral foundation in a world that offered multiple ethical influences on forensic professionals. Influences of upbringing, culture,

community, training, and mentorship could somehow be submerged in a fanciful construct where the needs of an organization merely created an obligation to attenuate the damage.

Evolving Ethics and Relative Balancing of Justice and Individual Welfare

The controversy over the involvement of psychological consultants to military interrogations was not clarified by the official APA position statement in the PENS Task Force report. In fact, the report left room for interpretation (i.e., permission to prioritize individual's rights over society's rights, to balance individual and society rights equally, *or* to prioritize society's rights over individual rights). This created more confusion and controversy than existed before the official statements.

Members of APA – and society at large – reacted strongly to the lack of clear guidance. In 2008, for example, members of APA worked without official APA oversight to initiate a special resolution to prohibit any psychologist from working in detainee settings in which international law or the U.S. Constitution was violated. Exceptions were allowed when the psychologist worked directly for the detainees or for an independent party to protect human rights, or to provide treatment to military personnel. The resolution went up for a special vote and was approved by the APA members shortly thereafter (see <http://www.apa.org/monitor/2008/11/interrogations.aspx>).

In 2010 as part of this evolving narrative and in recognition of the multiple sources of professional ethics (i.e., organizational, societal, personal), the APA Ethics Code was revised to reflect the member-initiated resolution. Specifically, the revisions made clear that psychological consultants cannot prioritize society's demands over individual human rights; that violating human rights is not acceptable under any circumstances – in no settings and in no consultation roles. Even now, there is a member-initiated task force drafting a resolution to replace the PENS

report with new guidelines and to reconcile policies related to psychologists' involvement in national security settings.

In making clear that individual human rights must never be violated by psychologists acting in any role, psychology's position has come to resemble psychiatry's more closely (i.e., that psychologists and psychiatrists may prioritize individual welfare over social justice or equally balance them, but they may not violate individual human rights to privilege social justice). Both professions continue to engage in an evolving discussion and each has moved in the direction of more nuanced ethical guidance for consultants.

Robust Professionalism: Integrating Values

For a theory of professional ethics to have meaning, therefore, it must be grounded in its roots and direction at the same time. The value of the historical narrative is not merely an appeal to tradition, but a grounding in values that have developed and been tested over time. A robust professionalism consequently recognizes the contributions of the community and core professions that privilege them. A profession with moral integrity – understood here as a matter of wholeness or intactness – must continually incorporate community, professional, and even personal values in order to have standing among the individuals and communities that it serves. Indeed we honor the views of scholars like Ciccone and Clements (2001) who recognize the interplay of multiple systems in forensic work, and of Radden (2001) who identifies role-related and general obligations nested within each other. Sacrificing elements of professional ethics to the setting in which professionals practice weakens the legitimacy of the work and loosens it from its moral moorings. Exceptionalism has no place when multiple perspectives enrich the analysis.

At the same time, an evolution of values is permitted so that discussions of security over welfare remain part of the developing narrative. It is not sufficient to close debate in the arena of national security or corrections, for that matter, when alternative perspectives still influence the discussion so strongly. Only through recognition of the multiple values influencing forensic practice can a truly robust professional ethic exist.

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