

Developing ethical guidelines for positive psychology practice:

An on-going, iterative, collaborative endeavour

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Abstract

As positive psychology has matured, questions have arisen around how to ensure best practice, including with respect to ethics. This issue is particularly pertinent vis-à-vis its applied dimensions, such as positive psychology interventions by students and graduates of MAPP programmes. However, the field has hitherto lacked clear ethical guidelines to assist practitioners in the field. Aiming to address this gap, the authors have devised a set of guidelines, in collaboration with key stakeholders across the positive psychology community, published in the International Journal of Wellbeing (Jarden, Rashid, Roache & Lomas, in press). The current article briefly summarises the importance, development, content, and future directions of these guidelines, thus providing a concise overview of this important project. It is hoped this article, together with the guidelines themselves, will not only highlight the importance of ethical practice, but offers practical suggestions for guiding practitioners in the field.

Keywords: ethics; morals; values; strengths; guidelines; practice

The Need for Guidelines

It is now two decades since positive psychology (PP) was launched upon the scene by Martin Seligman and colleagues (Fowler, Seligman, & Koocher, 1999). The field's origin story – redressing a perceived “negative bias” in mainstream psychology – is now well-known. So too is its burgeoning impact, being embraced by growing ranks of scholars, students, and professionals, with an expanding rostrum of journals, courses, and conferences devoted to it (Kim, Doiron, Warren, & Donaldson, 2018; Rusk & Waters, 2013). This impact includes a blossoming applied dimension, including the development and application of PP – including positive psychology interventions (PPIs) – across a wide range of contexts, from education to the workplace (Rashid & Seligman, 2018; Parks & Biswas-Diener, 2014).

However, as much as these developments are to be welcomed, such impact brings issues and responsibilities. Key among these are whether PP is being practised *ethically*, particularly vis-à-vis its applied dimension. Of course, the notion of what constitutes ethical practice is complex, but it essentially means standards and/or rules of conduct regarded as relevant and reasonable within a given sphere of human activity (Giorgini et al., 2015). Indeed, questions around whether practitioners are acting ethically are faced by all applied fields on their journey of maturation, from medicine to psychotherapy (Corey, Corey, & Callanan, 2007). With PP however, the current answer to whether practitioners are practising ethically is “we don't know.” Such an answer does not imply that people are acting *unethically*. Most people applying PP in real-life settings may well be doing so in sensitive, responsible, and ethical ways. However, being a relatively new field, PP has not until now developed an ethical framework to help guide people in their practice. As such, it is possible that, for various reasons – such as inexperience or lack of ethical experience – best practice may not always be followed.

Such issues are particularly pertinent now that PP, as a relatively new development, is becoming a professional specialty. In its early years, PP tended to be portrayed not as a new speciality *per se*, but rather – in the words of Linley and Joseph (2004) – a “collective identity” unifying people interested in “the brighter sides of human nature” (p.4). From this initial perspective, PP was more like an ethos, a way of leaning towards positive topics that is open to scholars and practitioners in various established fields, from educational psychology (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009) to clinical psychology (Wood & Johnson, 2016). Alignment to this mind-set and identity-narrative served to unify disparate scholars already working on topics now regarded as falling within the purview of PP, such as positive emotions or psychological development. Crucially, from an ethical perspective, many people engaging in applied activities are likely to have been trained and guided by ethical frameworks operating within their own professional context, such as those governing the conduct of educational, community, or clinical psychologists (Walsh, 2015). As such, for these practitioners, the need to establish ethical guidelines in PP is less compelling, and perhaps even obviated given their affiliation to, and accreditation within, professions that have their own guidelines.

Where the issue of guidelines becomes more compelling however, even urgent, is that PP is now also becoming a *speciality*. That is, recent years have seen movements towards recognizing PP as a specific discipline, endowed with a distinct professional identity along the lines of specialities such as health or clinical psychology (Lomas & Ivztan, 2016). Part of the impetus for this move comes from the community of postgraduate MAPP courses, whose numbers have greatly expanded recently, organically leading to graduates and scholars self-identifying as “positive psychology practitioners” (PPPs), and even as “positive psychologists” (even though this label is contentious, not least since “psychologist” is a protected title in many jurisdictions). One should add that this emergent phenomenon does

not *supplant* the “ethos” perspective above, where PP was initially just a shared interest among scholars from diverse fields. These perspectives can easily co-exist: it is perfectly feasible for one scholar from a distinct branch of psychology (such as clinical psychology) to take a keen interest in PP, and so affiliate to it from an “ethos” perspective, and for another scholar or practitioner to self-identify as being primarily a PP practitioner.

Nevertheless, the emergence of PP as a specialty marks an interesting evolution of the field. Relatedly though, it also raises potential issues, including in relation to ethics. For example, students and graduates of MAPP courses are likely to be delivering PPIs in various contexts. Unless these people happen to also be affiliated to another practising profession, they may well be operating outside the advice and provisions of any set of ethical guidelines. To reiterate, this is not to suggest malpractice; such people are likely to be aware of, and sensitive to, ethical considerations. But it remains the case that many of them will be acting relatively unguided, reliant on their own judgement and intuitions.

To that end, it was the view of many leaders in the PP field that it is important that such people are offered assistance in this respect. As such, it is time for PP – to the extent that such a coherent entity exists – to create and adopt a set of ethical guidelines which can be of use to all those who may need it, such as MAPP graduates and beyond. Indeed, as alluded to above, most established fields of practice – from medicine and psychotherapy to law and architecture – have been on similar journeys in the past, developing “rules and standards of conduct recognised as binding in a professional body or an association” (Mathenge, 2013, p.9). While these codes vary in the extent to which their pro/prescriptions are formally and even legally mandated, all generally have the aim of indicating how work in the field is “best undertaken to achieve the greatest good and minimise any potential wrongs” (Mitchels & Bond, 2010, p.5).

Clearly, PP is at a relatively early juncture in its maturation as a field, relative to these more established professions. In those other contexts, ethical codes may be formal requirements of accreditation, and can even have legal force (in that medical practitioners, for instance, can be barred from practising if they contravene their code). By contrast, no such procedures are currently in place in PP, even if – mirroring our own efforts – preliminary work is underway in the field to develop systems of accreditation, and other such markers of professionalisation. As such, there would be no way at present to mandate or compel adherence to any form of ethical code. Nevertheless, it is helpful to develop a set of usable ethical guidelines for practitioners in the PP arena. As such, the authors of this article have devised a set of guidelines, in collaboration with key stakeholders across the PP field, and have published these in open-access format in the *International Journal of Wellbeing* (Jarden et al., in press). Having discussed their value in this section, we now briefly summarise the development, content, and future directions of these guidelines.

The Developmental Process

The development of our guidelines stretches back to early 2016. The main impetus for the project originated in Lomas and Ivtzan's (2016) article 'Professionalising positive psychology: Developing guidelines for training and regulation', which called for a set of ethical guidelines to be established. The rationale was that PP was in the process of becoming a profession, as argued above, and so needed to ensure best practice was being followed, including with respect to ethics. Given that, it was recognized that various developmental milestones – such as ethical guidelines – would be needed to increase the field's professionalization (including allowing it to move towards accreditation). Indeed, prior literature had already pointed to the importance of ethical practice for PP (e.g., Vella-Brodrick, 2011, 2014), which Lomas and Ivtzan drew upon. Nonetheless, the Lomas and

Ivtzan article sparked debate and commentary regarding what ethical guidelines might specifically look like in practice.

This dialogue then provided the impetus for a Conversation Hour (Professionalising Positive Psychology: Is there a need to develop guidelines for training and regulation?) at the 5th World Congress on Positive Psychology in Montreal, Canada, July 2017. The discussion that took place then led to a working group being established, led by Aaron Jarden (qualified applied ethicist, lecturer, and researcher), Tim Lomas (lecturer and researcher), and Tayyab Rashid (licensed clinical psychologist with an active clinical practice), with Annalise Roache (MAPP graduate, doctoral candidate, and credentialed coach) joining shortly thereafter. With the establishment of this working group, a virtual meeting was organized in late 2017 with key stakeholders and interested attendees from the Conversation Hour to discuss the scope, process, outcomes and expected timelines for the development of such ethical guidelines. Participants including representatives of the International Positive Psychology Association, the European Network of Positive Psychology, directors of MAPP programs, as well as practitioners and perspectives on non-western practice. With our initial scope and focus clarified, the objective documented was:

“[To] explore the similarity and differences between main international (USA, UK, Australia, Canada, NZ, and non-western countries) ethical practice guidelines, from various practice fields (e.g., counselling, clinical psychology, organisational psychology, nursing, etc), in order to both learn from them, not reinvent, and move towards replicating the most appropriate and flexible approach / framework for an international context.” (email communication to working group).

The aim of the project was specified as:

“The best outcome is a set of easily readable, relatively short, memorable and understandable ethical practice guidelines that will assist positive psychology practitioners to practice in an ethical way (i.e., we want guidelines that people can remember and are practically useful)” (email communication to working group).

Following this initial virtual meeting, Aaron Jarden and Annalise Roache conducted background research on guidelines in other fields of practice, including the following:

Psychological:

- Australia – Psychology – Australian Psychological Society (APS), *Code of Ethics* (2017).
- Australia – Counselling and Psychotherapy - Psychotherapy & Counselling Federation of Australia (PACFA), *Interim Code of Ethics* (2015).
- Canada – Psychology – Canadian Psychology Association (CPA), *Canadian Code for Ethics for Psychologists* (2017).
- New Zealand – Psychology – New Zealand Psychological Society (NZPS), *Code of Ethics for Psychologists* (4th Ed).
- United Kingdom - Counselling and Psychotherapy - British Association for Counselling and Psychotherapy (BACP), *Ethical Framework for Good Practice in Counselling and Psychotherapy* (2010).
- United States of America – Psychology – American Psychological Association (APA), *Ethical Principles of Psychologists and Code of Conduct* (2017).
- United States of America - Counselling – American Counselling Association (ACA), *Code of Ethics* (2014).

Nursing:

- Australia – Nursing - Nursing and Midwifery Board of Australia: *Code of Ethics for Nurses* (2008).
- New Zealand – Nursing – Nursing Council of New Zealand (NCNZ), *Code of Conduct for Nursing* (2012).
- United Kingdom - Nursing – Nursing and Midwifery Council (NMC), *The Code for Nurses and Midwives* (2015).

Coaching:

- International – Coaching – The International Coach Federation (ICF): *Core Competencies and Code of Ethics* (2015)

Of these, the BACP and PACFA guidelines were particularly useful, and this review enabled the first draft to be assembled and discussed, with initial feedback obtained in March 2018. From this draft onward, an 11-step consultation process of refinement involved the production of three further drafts. This process included consultation with applied ethicists, with wider and wider networks across the field of PP, and practitioners in particular. This process culminated in the presentation of an initial draft at the 9th European Conference on Positive Psychology in Budapest, Hungary in June 2018. Following this presentation, further refinement and consultation resulted in a final draft in May 2019 that was ready for publication and endorsement.

Along this journey, the development of the draft guidelines was not without its challenges. Throughout the stages of development, the working group encountered and dealt with various issues, including: identifying and providing a solid rationale as to how and why the specific attributes were selected; how principles trickle down to standards and are operationalized; and consideration of the need for field-specific guidelines (e.g., applying PP in therapy settings, or with children), to name just a few. However, through the consultation process we are confident that we have addressed these issues and questions as best we could

– with a spirit of honesty, openness, and accountability. Nevertheless, as emphasised below in the section on Future Directions, these guidelines are an iterative and evolving work-in-progress, and it is intended that the guidelines are revised every two years to consider emergent critiques, suggestions, and advances in knowledge that will inevitably follow their publication. With that in mind, the following section provides a brief overview of the guidelines themselves.

The Current Guidelines

The ‘Ethical guidelines for positive psychology practice’ (Jarden et al., in press) are based on the premise that ethical practice in PP should be guided by three interrelated moral components: values, principles, and personal strengths. Values can broadly be understood as beliefs held by individuals, and shared by groups about desirable ends (Peterson and Seligman, 2004). They usually transcend specific situations, and constitute general ethical commitments that become more precisely defined and action-orientated when expressed as a principle. Principles then direct attention to important ethical responsibilities, with actions following from certain principles. Finally, ethical guidelines generally espouse desired personal characteristics, for which in our case we have used the Character Strengths and Virtues model (CSV, Peterson & Seligman, 2004); a prominent approach of empirically validated and cross-culturally endorsed character strengths (McGrath, 2014).

In broad terms, the guidelines are designed to ensure beneficence (do good to others) and non-maleficence (avoid potential harm). Our hope is that by using these guidelines, PPPs will not only strive to uphold the recommended values and principles, but moreover to ensure they remain up-to-date with emerging research findings and evolving practice, and engage in suitable professional development. In addition, the guidelines emphasise the importance of practitioners being aware of, and accurately communicating, the potential benefits and

limitations of wellbeing science and PPIs and their own knowledge base and professional scope, while also monitoring the wellbeing of their clients during service provision.

The guidelines are intended to be suitable both for practitioners who are members of an existing professional or credentialing body (e.g. American Psychology Association, 2019; International Coaching Federation, 2019; College of Psychologists, 2019) and those who are not members of such associations. As such, there is a balance between making the guidelines useful and applicable to the wide array of practitioners using PP in practice. We emphasise that the guidelines can be viewed as both (a) augmenting existing jurisdictional and professional guidelines, codes of practice and standards, and (b) providing a much needed baseline for practitioners not associated to a professional association.

The guidelines comprise four core sections; a preamble, the foundations, a practical application guide, and case examples. The preamble provides insight into the vision of the guidelines, elucidating its aspirations, intended users and key terms. As noted above, the guidelines are founded upon three components, namely the *values* and *strengths* which support the enactment of the *ethical principles*, as outlined in table 1 below.

[please insert table 1 here]

Regarding the inclusion of the strengths dimension specifically, we believe it is not only appropriate but necessary for the guidelines to embrace a PP approach, and as such we have adopted the vernacular of strengths as a well-researched cornerstone of the PP field, and specifically the CSV (Peterson & Seligman, 2004), as noted above. A thematic analysis was conducted to determine the most prominent strengths emphasized across 10 similar codes of ethics (e.g., British Association for Counselling and Psychotherapy's 'Ethical Framework for Good Practice in Counselling and Psychotherapy'). This process aided in the identification of

seven practice relevant strengths and a further four strengths which this article's authors have deemed important in upholding the six principles¹.

Section two of the guidelines covers the contextual application of ethical decision making and practice, including important considerations in supporting best practice across a range of contexts and scenarios. The section then closes with two useful tools: a step-by-step guide for resolving ethical dilemmas, and a self-evaluation guide for reflective practice. The final section of the guidelines provides six ethical dilemma case examples (cultural, coaching, clinical, mentoring, educational, and organisational), together with suggestions of corresponding ethical principles in the guidelines. To complete the guide is a list of signatories: organisations, associations and institutions that have reviewed and committed to supporting the ethical guidelines, followed by primary authors and contributors who have made the guidelines possible.

Future directions

It is important to note that we see these guidelines as an iterative and evolving work-in-progress. The current set of published guidelines should be regarded as version 1.0. We anticipate revising and re-publishing these every two years to take into account the invaluable critiques and suggestions that will undoubtedly emerge in response to each publication, as well as to incorporate new advances in scientific knowledge, technologies, and ethical sensibilities. In that respect, we recognise that these guidelines – and the principles, values, and strengths within – are in no way exhaustive, but rather constitute an initial attempt to capture what is currently perceived most pertinent to practice. They will no doubt evolve and

¹ Strengths 1-7 are ranked by how often they were mentioned and emphasized across 10 similar codes of ethics (e.g., British Association for Counselling and Psychotherapy's 'Ethical Framework for Good Practice in Counselling and Psychotherapy'). Strengths 8-11 the authors have deemed important in upholding the six principles.

be refined as debate continues within the PP community and beyond. Relatedly, although we consulted and collaborated widely in drawing up the guidelines, we recognise that they have been informed by a limited range of voices and perspectives. For instance, most contributors live and work within a Western cultural context, with the majority being from Europe, North America or Australasia. While these are of course heterogeneous regions, they nevertheless constitute only a portion of the PP community. In future we hope to reach out to scholars and practitioners from regions that are currently underrepresented within the report, thereby making these guidelines more relevant and accessible across a wider range of cultural contexts. However, while not minimising such limitations, we believe that these guidelines constitute an important step along the road of PP maturing, professionalising, and evolving as a field, and as meeting a pertinent current practice need. We hope that they will be of widespread use and value, and look forward to engaging with the community over the months and years ahead in improving them further.

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