Prevention Ethics:
Explicating the Context of Prevention Activities

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Research and intervention involving primary prevention have grown dramatically in the past 10 years. However, little attention has been paid to ethical issues in primary prevention. This article proposes a framework for increasing awareness of such issues. The framework centers on explicating the contexts where prevention activities occur and the roles adopted by interventionists engaging in these activities. Several assumptions underlying primary prevention are stated, and ways of clarifying ethical issues are proposed.

Key words: ethics, prevention, primary prevention, research

Among the professional fields of study that have emerged in recent years, few have generated such activity as primary prevention. A review of this literature through mid-1983 (Buckner, Trickett, & Corse, 1985) included over 1,000 books and articles, and a comparable review from that time through mid-1991 (Trickett, Dahiyat, & Selby, in press) surpassed 1,600 citations. The purpose of this article is to explore one aspect of this work, ethical issues related to primary prevention research and preventive interventions, which has been relatively neglected in this burgeoning literature.

The relative inattention to ethical issues in prevention work is amply documented in these reviews. Of the more than 1,000 books and articles on primary prevention published between the early 1960s and 1983, none focused on ethics; 9 years later, only scattered articles (e.g., Weithorn, 1987; Lorion, 1987) and one edited book (Levin, Trickett, & Hess, 1990) have appeared. Although valuable beginnings, such efforts represent only token forays into the ethical intricacies of preventive interventions in general and primary prevention in particular.

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The relative lack of attention to ethical issues in the early history of primary prevention should not be viewed as unusual. As Pope (1990) reminded us, it was not until the American Psychological Association was over 40 years old that it initiated efforts to develop ethical guidelines for psychologists. Still, the increasing momentum of the prevention field suggests that it is useful to focus on issues of ethics at this time.

In this article, I do not adopt the view that it is time to prescribe specific ethical codes for this evolving area of research and practice. The range and scope of prevention activities are far too varied, and the accumulated professional wisdom about ethical issues is too disjointed and tacit to pursue this goal. Rather, I seek to provide one perspective on how ethical issues can, over time, be meaningfully addressed across this wide range of activities. Although the overarching ethical principles governing the behavior of psychologists in other areas serve as important guidelines, the contention is that primary prevention activities are sufficiently distinct to require attention in their own right.

**ETHICAL ISSUES ARE EMBEDDED IN CONTEXTS OF PRACTICE**

The perspective taken here is that ethical issues flow from and are embedded in contexts of practice. *Contexts of practice* refer to the diverse social settings where the work occurs. Primary prevention activities require new professional roles in these diverse social settings. These new roles engage the professional in new activities, roles, and issues. As the implications of these activities evolve and as the professional roles become increasingly defined, ethical issues will become increasingly clear.

Thus, to sharpen ethical issues in primary prevention activities, we need to discover how the new activities and roles of professionals have provided them with new experiences, putting them in situations where previously unthought of issues of values, allegiances, and ethics arise. Through a careful analysis of these contexts of practice, we can better understand emerging ethical issues.

**ECOLOGY AS A PERSPECTIVE FOR UNDERSTANDING CONTEXTS OF PRACTICE**

Elsewhere, the metaphor of ecology has been elaborated as a perspective on prevention research and practice (Kelly, 1986; Kelly & Hess, 1986; Trickett & Birman, 1989). Such an ecological perspective includes several specific emphases: attending to the way primary prevention activities impact on the
social context where they occur, acknowledging and negotiating value differences of individuals and groups involved in the intervention, and creating mechanisms to understand the systemic effects of the work. Looking at prevention activities from this perspective may help us better understand the ethical issues arising in diverse contexts.

Mental Health Consultation as Example

The evolution of mental health consultation serves as a reminder of how ethical issues become clear as the contexts of practice become more understandable. Mental health consultation was touted as a new professional role that could multiply professional effectiveness through providing indirect service (Caplan, 1970). As such, it intended to operate from a paradigm different from that used by direct service providers.

Snow and Gersick (1986) provided illuminating examples of ethical dilemmas related specifically to the professional role of consultant. These include dilemmas related to the nature of the consultation agreement, such as ambiguity about the consultant’s responsibilities to the consultee organization and their clients. The examples encompass issues arising from value differences between consultant and consultee organization, such as the degree to which consultants may adopt an advocacy position about certain alternative change strategies. In concluding their chapter, Snow and Gersick drew attention to how the assumptions, values, and associated role activities of the consultant interact with the culture of the setting where the consultation occurs. Their call for an ecological perspective reflects the perspective of this article:

Progress . . . will be best accomplished if attention is given to the contexts in which consultant–consultee relationships are most often embedded in professional practice. . . . The multi-level character of consultation creates ambiguities regarding the mutual responsibilities and obligations of the various parties, can lead to unclarity regarding to whom the consultant is responsible, and requires the consultant to continuously manage the competing interests of subgroups within the organization. Similarly, the complexity of the organizational, inter-organizational, and community contexts surrounding the consultative relationship, and the various subgroups represented within each of these sectors, means that there are multiple sources of value incongruence. As a result, decisions about ethical behavior on the part of consultant and consultee occur within a field of multiple and competing values. . . . Applying an ecological framework helps to explain the complexity of consultation practice and, in turn, will best inform the generation of useful ethical guidelines, the development of realistic methods of review and enforcement, and the design of effective training in professional ethics. (pp. 425–426)
ASSUMPTIONS ABOUT PRIMARY PREVENTION ACTIVITIES

It is useful to begin the discussion of ethical issues from an ecological perspective by stating some assumptions about primary prevention and intervention more generally. These assumptions provide a context for the interventionist which influences what he or she brings to the intervention activity. After outlining these assumptions and some of their ecological implications, I return to some ecologically based strategies for tying those assumptions to the varied contexts of practice within which prevention activities occur. The spirit of these assumptions are found in Sigel's (1983) chapter, "The Ethics of Intervention."

A. Primary prevention activities involve a value-driven, premeditated intrusion into the lives and settings of individuals and groups. Regardless of whether or not the preventionist is explicitly invited to engage in prevention work (and what constitutes an invitation is not always clearly discernable), he or she actively attempts to change people, programs, or policies. The very notion of changing people, programs, or policies means that issues of value are central. According to Sigel (1983),

Every intervention program includes an implicit set of values which are embedded in and influence the direction of the program. I would find it difficult to find a program that does not have a built-in value; a value which has moral overtones because not only does it say what is good for the clients, but it also says what the clients should do. (p. 8)

Thus, the first assumption is that primary prevention is a value-driven change effort.

Although perhaps not a controversial statement at one level, two particular implications merit special attention. First, we are not always inclined to assess our interventions as being value based; frequently we present them as the application of social science validated by experts in the field. This can lead us to ignore questions such as: How do the goals and processes of our interventions mesh with the context of the communities in which we work? Second, thinking ecologically about primary prevention extends the concept of values to include not only the specific values of the program of interest (e.g., preventing drug abuse), but an analysis of the processes through which it is carried out, the ways in which data are used and by whom, and what happens to the setting after the funds run out. Such value issues run throughout the ecological context surrounding the prevention activity.

B. Primary prevention activities are inherently authoritative and involve issues of power between preventionists and host communities. Sigel (1983)
asserted that all interventions involve "a power play between the strong and the weak, the knowledgeable and the uninformed" (p. 6). An ecological perspective suggests a close examination of how power dynamics between the interventionist and members of the host community may be affected by different contexts and how power issues are negotiated and renegotiated over time. Like mental health consultation, prevention activities frequently occur in settings with multiple constituencies who hold varying degrees of influence over what happens to them. Explicitly recognizing the power issues in such contexts helps clarify potential ethical dilemmas.

Unless this is seen as unnecessarily politicizing prevention work, one should remember that the role of power in psychological research and practice is already underscored in such fundamental ethical concerns as informed consent. Even this seemingly straightforward practice, however, needs ongoing monitoring to assess its ethical effectiveness. For example, Howard-Jones (1982), using a sample of cancer patients involved in a drug effectiveness study, found that 80% of the patients saw the informed consent procedure as designed to protect the hospital, whereas less than 50% realized that it was meant to inform patients about procedures and to protect their safety.¹ Thus, as actually practiced, informed consent may be seen as protecting the institution more than informing the patient.

When conducting prevention work in new settings with new populations, such issues are even more difficult to conceptualize. What, for example, can it mean to a recently arriving refugee from a war-torn totalitarian country to be told that he or she may freely choose to participate in a research or intervention project? Surely a concern with power differentials in such a situation must be taken into account in arriving at ethical procedures for assuring free choice on the part of the potential participant.

Constructing primary prevention activities from a power perspective is not intended to villify those who do prevention work. Rather, it is useful in bringing to light the tradeoffs between individual freedom and the good of society inherent in many ethical dilemmas. In addition, it emphasizes that prevention activities involve relationships between professionals and citizens, which include issues of power in deciding whether and how to carry out the intervention. Just as the issue of power has been a potential pollutant in psychotherapeutic practice, so can it be in prevention work.

C. Most of the knowledge on which prevention activities are based is decontextualized knowledge. By decontextualized knowledge, I refer to the same idea that Sarason (1981) used in characterizing much of psychology as the study of the acultural, ahistorical individual. It implies that the conceptual

¹Because patients were allowed to check more than one of the possible responses, the percentage exceeds 100%.
frameworks, methods, and canons governing publication practices strip psychological knowledge of the context in which it was gathered and present it as context free rather than context bound.

Sigel (1983), writing as a developmental psychologist, provided an example in his assessment of the knowledge base underlying parent education programs:

The psychological literature on low-income families, particularly black families, is essentially decontextualized; little reference is made to the socio-historical backgrounds of these families. There is also a serious omission of the fact that poverty is a racial or caste issue. Consequently, the socio-historical context—that is, both the history of black families and the current social scene—is generally overlooked. Yet, there is a belief that if these black parents were to follow through on those child-rearing practices which have been identified through research with middle-income white families as benefitting children, the black children would be adequately prepared for education and would consequently get out of the poverty cycle. (p. 10)

Based on our most recent review of prevention literature from 1983 to mid-1991 (Trickett et al., in press), the same kind of concern is relevant for primary prevention. For example, when preventive intervention programs are described, they tend to focus on the technology of the intervention without informing us about how the context in which it was implemented affected the technology. In like manner, when describing outcomes, attention centers on individual outcomes rather than systemic effects. In short, the ways in which the settings affect the interventions and the interventions affect the settings are unreported.

The lack of attention to ecological context carries many different kinds of ethical implications for primary prevention. One example involves the authoritative base on which preventionists promote their programs. If, as Sigel asserted, “we dissemble by not telling the clients what the limits of our knowledge are” (p. 8), then we need to clearly state the assumptions we make when we assert what “the literature shows.” These assumptions involve issues of generalization of findings; they include the degree to which the values underlying the intervention support or contradict those held by relevant groups in the settings hosting the intervention. Decontextualized knowledge does not inform these issues.

In writing about utopias, Sarason (1972) made the obvious, yet overlooked, point that such descriptions never include how the utopia was created. Community-based prevention research projects and interventions, however, need to be created. Thus, a second implication of decontextualized knowledge is that it mystifies the process of creation which inevitably affects how the intervention is actually carried out (see Goldenberg, 1971; Kelly, 1986; Perkins, Nieves,
& Lawler, 1983; Trickett, 1991a, 1991b). There are few examples in the published literature about how we actually develop the relationships and negotiate the compromises that allow our work to proceed (Weinstein et al., 1991). Because community-based research is so vulnerable to the support and trust of the host environment, such activities should be seen as part of the intervention relevant to generalizing it to other settings.

An ecological perspective includes some prescriptions for a contextualized approach to negotiating with external settings or organizations. Such discussions should include many aspects of our proposed intervention besides its technology and how best to fit it into the existing setting. For example, we can be certain that community-based interventions have side effects. By definition, decontextualized knowledge does not provide information on this aspect of preventive interventions. These kinds of predictable issues need to enter into the contractual agreement. How may they be assessed? Who should be included as stakeholders in this assessment? How, in short, can the ecology of the setting both benefit and be protected from the intervention? These are issues of ethics as well as strategy.

D. Primary prevention activities represent efforts to develop new paradigms for thinking and acting. The presence of new questions, a new lexicon (e.g., at-risk, protective factors, and resiliency), and the development of new professional roles all signal that prevention activities are not simple extensions of previous ways of thinking and acting. Rather, they represent the development of increasingly distinctive perspectives on human behavior and intervention. As such, they will require a reframing of how we think about the implementation of more general ethical principles.

The concept of "populations at risk" serves as one useful example of how important such reframing may be. Just as the discovery of genes that put people at risk for cancer raises new contextual issues about the morality of genetic engineering and the insurability of people predisposed to getting cancer, so does prevention risk research itself run a variety of ethical risks in deciding who should know what about which individuals. Weithorn (1987) discussed some of these complex dilemmas with respect to risk research on children. She cited issues such as labeling individuals with no known prior diagnosed problem and the process of disclosure of the purposes of the study when it centers on a high-risk group. "If the purpose of the study is the prevention of psychopathology in the children of schizophrenics," she asked, "what should parents and children be told about the reasons for their inclusion in the project?" (p. 238).

This reframing of more general ethical questions may be extended to many other areas as well. For example, although the concept of "doing no harm" carries increasingly clear implications for various aspects of therapeutic practice, it will require some rethinking when applied to prevention programs carried out in community settings. In such circumstances, thinking about not
causing harm must go beyond a concern with those actually in the program to include others in the setting as well. Again, attention to the ecological context of the intervention provides a useful mindset in elaborating the implications of new prevention paradigms.

Preventive interventions, then, are assumed to include several aspects that provide a framework for a consideration of potential ethical issues, the beliefs that prevention activities are intrusive and involve issues of power, are often premised on decontextualized knowledge, and represent efforts to create distinctively new paradigms whose implications are not fully obvious. Now I briefly turn to some sources of ecological knowledge that may further our understanding of the contexts of practice in which ethical issues in prevention arise.

**UTILIZING ECOLOGICAL KNOWLEDGE TO INFORM ETHICAL ISSUES**

Several approaches to developing ecological knowledge about the contexts of practice seem useful. The first approach is to create forums for those who have worked long and hard in the prevention fields to share those aspects of their experiences that do not make it into print. Many have tales to tell about the nature of their prevention work which involve ethical dilemmas. This experiential knowledge base represents a vast resource for thinking more critically about ethical issues that arise during various prevention activities.

A second approach is to put such stories into a conceptual framework that highlights ethical issues associated with various prevention activities. I advocate an ecological perspective focusing on the contexts of prevention practice. This perspective goes beyond a description of the technology and outcomes for individuals to describe the research process and its impact on the setting. It includes a description of the choice points, power struggles, and modes of conflict resolution which eventually allowed the project to proceed. In short, it provides a context for understanding the work.

The third approach is to redefine the norms of publication. We are all familiar with the discrepancy between how we actually carry out our prevention work and how we are constrained to write about it. The paradigms within which we publish often distort or ignore relevant aspects of the process that make our research more understandable. To find out what really happened, we turn to the discussion section.

An antidote to this state of affairs is found in a recent edition of the *American Journal of Community Psychology*, in which Weinstein et al. (1991) provided a case study of a preventive intervention designed to change classroom teachers' expectations for children. In addition to describing their planned intervention, they discussed the myriad of process problems, honest
conflicts with school personnel, negotiations affecting the final research design, and compromises resulting from these activities. Furthermore, they showed that their data cannot be fully understood without understanding the ecology in which it was gathered. By telling the full story, they provided a lovely heuristic example of the value of publishing what actually happened. Such accounts can only enrich our understanding of the ethical nuances and choices in how prevention work is actually conducted.

The fourth and final approach stresses the value of conducting our work collaboratively with individuals whose settings host the prevention activities. If prevention work involves organized intrusion and if the knowledge on which the work is based is decontextualized, then we cannot be at all certain of what ethical issues may arise before, during, and after the prevention program. Furthermore, unanticipated consequences are inevitable. To cope with these circumstances, the preventionist needs the help of citizens to identify and attempt to resolve ethical issues. Who these citizens are, whom they represent, and how power is distributed in this group becomes another arena for clarifying issues of values and power in the prevention paradigm. The value of developing such collaborative relationships is paramount in understanding and dealing with ethical issues.

CONCLUSION

An appreciation of the ethical issues raised by primary prevention activities can be furthered by attention to the contexts in which such activities are practiced. These contexts are multiple and varied, reflecting the diverse nature of the primary prevention field. Thus, the specific ethical issues will take different forms, reflecting this diversity of contexts and activities. For varied reasons, much of what we know about the contexts of practice is private rather than public. An ecological perspective, focusing on the relationship of the preventive activity to the social context where it is implemented, is proposed as one approach to focus attention on the kinds of ethical issues that arise in varied contexts. Creating processes for attending to and sharing this knowledge will help us approach ethical issues in primary prevention in a richer and more informed way.

REFERENCES


