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Supporting ethical practice in community-engaged research with 4R: Respond, Record, Reflect, and Revise

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Abstract

Efforts towards adaptation, dissemination, and implementation of culturally robust, evidence-informed mental healthcare rely on community-engaged research (CEnR). Academic-community partnerships help bring science to service for vulnerable and historically disenfranchised populations (e.g., communities of color and those characterized by poverty). A growing literature supports the development of a framework of ethics for CEnR. This article examines ethical tensions in the context of the American Psychological Association Ethics Code General Principles – *Beneficence and Nonmaleficence; Fidelity and Responsibility; Integrity; Justice; and Respect for People's Rights and Dignity* – and presents the 4R action plan to support application of APA guidelines to academic-community partnership with youth-serving organizations.

Keywords

community-engaged research; vulnerable populations; academic-community partnership; training

A robust body of literature documents obstacles to the dissemination and adoption of evidence-based mental health care (Kazdin & Blase, 2011), altogether contributing to a 17-year gap from service development and evaluation to public availability and use (Morris, Wooding, & Grant, 2011). Despite rapid demographic diversification of the American population, the science of mental healthcare has struggled to keep pace in both examining effectiveness of promising interventions across subcultural groups (González Castro, Barrera, & Holleran Steiker, 2010), and meeting the unique needs of youth and families in poverty (Cappella, Frazier, Atkins, Schoenwald, & Glisson, 2008; Frazier, Cappella, & Atkins, 2007). Toward bridging these gaps, investigators in psychology have increasingly turned to research designs incorporating science-community partnerships to facilitate the transport of evidence-based mental health recommendations to natural settings in accessible, culturally robust formats (Frazier, Abdul-Adil, Atkins, Gathright, & Jackson, 2007; González Castro et al., 2010). New settings, however, bring new complications requiring careful consideration in the application of traditional ethical standards to non-traditional spaces.

Community-based organizations (CBOs; e.g., community healthcare centers, non-profit and publicly funded youth programs) face challenges uncommon to traditional university-based research contexts (Campbell & Morris, 2017a). Moreover, CBOs' fast-paced, high-need programming aligns poorly with academic institutions' operating procedures (e.g., institutional review board [IRB] processes, traditional definitions of feasibility, accounting

and legal standards built to accommodate research on campus; Frazier, Formoso, Birman, & Atkins, 2008; Michener et al., 2012). Research teams also face ethical challenges that arise from biases that exist on both sides of partnership (e.g., Case, 2017; Haarlamert, Birman, Oberoi, & Moore, 2017); differences in values and priorities across teams and subgroups (e.g., Kivell, Evans, & Paterson, 2017); and conflicting accountabilities across research team members' various roles (e.g., Kesten, Perez, Marques, Evans, & Sulma, 2017). Moreover, investigators' own needs and priorities (e.g., securing funding, career advancement, publication) can become entangled in – and may compete with – efforts to thoughtfully address these issues.

The intricacies and diversity of community partnership have complicated the advance of a comprehensive ethical framework across community psychology's 50-year history; further, academic-community partnership often requires a shift from individual to group-level analyses that limit the applicability of many of today's predominant analytic tools, hindering publication that might contribute to advancements in knowledge regarding the unique challenges of community-engaged research (CEnR; Campbell & Morris, 2017a; Petersen, 2002). Despite these barriers, community psychologists have recently begun building a growing body of written case examples providing first-hand accounts of ethical challenges. As investigators curate an ethics literature, however, programs of CEnR continue moving forward with increasing speed, often reflecting the urgency experienced by partnering organizations to improve services and outcomes for those they serve. Thus, researchers and practitioners engaging in partnerships with community-based organizations (CBOs) face numerous dilemmas in conducting ethical CEnR: (1) How might existing ethics codes in related disciplines inform a comprehensive code of conduct developed specifically with CEnR in mind? (2) Given the complexities of data collection and analysis, how might researchers best contribute to the growing ethics literature? (3) CEnR ethics guidelines and literatures are developing, but both are currently in their early stages (Campbell & Morris, 2017b); in the meantime, how might investigators inform and support ethical practice in their work?

Promoting Ethical Conduct in Practice

We have turned increasingly to reflexivity as often described in the literature on implementation science (Damschroder et al., 2009), community engagement (Case, 2017), and compassionate practice (Kanov, Powley, & Walshe, 2017). Additionally, we have worked to incorporate strategies from qualitative and mixed-methods research to support its utility in generating publishable work toward advancing current science and service (Creswell & Miller, 2000). We conceptualize our process in two components: an ongoing dialogue within our team and with our partners establishing a joint context and guidelines for collaboration; and *4R*, a four-step action plan meant to guide individual and team practice in response to discrete ethical issues and support contribution to the larger ethics literature. We employ these steps to varying degrees and in a range of forms; thus, we present this sequence in hopes that it provides a flexible prototype – not a rigid blueprint – for readers to consider and integrate into their own partnerships and processes.

We emphasize reflexivity as an essential and routine practice to promote ethical conduct, employed in an explicit, structured approach to guide CEnR investigators with varying levels of training and experience. We have found that maintaining a record of partnered activities and reflecting regularly – both individually and together as a team – serves a number of important functions: (1) it helps cover “blind spots” by highlighting ethical issues that individual team members may miss in their practice; (2) provides opportunities to identify patterns or common precursors of challenges and conflicts; and (3) contributes to a team culture that values active consideration of ethical conduct, and encourages ongoing cultivation of insight in professional development. Incorporating these reflexive practices into our routines ensures we remain mindful of CBO values and workforce dynamics, and helps us converge around a set of standard operating procedures. These components in turn lay the groundwork for *4R*, a four-stage sequence – *Respond, Record, Reflect, Revise* – by which to navigate discrete incidents that raise questions of ethical conduct (Figure 1).

Respond

Though case examples in ethics literature present dilemmas and decisions that imply a slow and methodical process, in practice most require immediate response and quick action. In our experience, the discomfort and ambiguity of these situations can feed a reluctance to react for fear of making a mistake or misstep, especially with safety and rapport at stake. Non-response, though, when our expertise and consultation are most needed, is itself a risky choice with consequences. *Respond* serves as a reminder to initiate an appropriate course of action to the extent that it is ethically advisable, safe, and feasible, even if only to disclose transparently that a solution is yet unclear, and that time to confer with others is needed. For undergraduate research staff, graduate trainees, and even junior investigators operating under senior researchers’ supervision, we conceptualize the Respond step as including both immediate action within the bounds of their training to mitigate harm, and consultation with supervisors as needed.

Record

We have made it our practice to privately document ethical concerns and our response with detailed field notes. Documentation serves to retain important details for both independent consideration and team discussion, and as a means to build a foundation of evidence towards potential contributions to the larger ethics literature. Records include (1) an objective description of events and actions that preceded the situation in question; (2) subjective impressions of the experience and the individual’s internal thoughts, emotions and reactions; (3) any immediate response (or non-response), and anything that unfolded thereafter; and (4) any planned steps for moving forward. All investigators engaged in a specific ethically challenging situation should record their recollections and reactions independently to provide more complete documentation and allow for cross-validation in discussion (Creswell & Miller, 2000).

Reflect

Independent reflection inspires critical examination of events and actions, thoughts and emotions, and underlying motivations and biases driving interpretations and responses. Documentation enables us to refer back across previous records to consider patterns of

behavior and internal reactions that may contribute to ongoing and persistent ethical issues. Subsequent group reflection and peer debriefing provides space for feedback, dialogue, and education. In fact, ongoing frequent discussion around ethical issues – both within and across research teams and departments – facilitates a culture of open dialogue and learning by introducing different perspectives and solutions, and allowing everyone to learn from one another's experiences. For situations in which multiple team members were present, reports can be compared for cross-validation (Creswell & Miller, 2000). Researchers also may invite their collaborating partners to review their records (or share their own) to provide perspective and guidance on current and future issues. Overall, non-judgmental reflection provides an appraisal of ethical issues and constructive suggestions for alternative responses and steps forward.

Revise

In addition to any further actions identified as prudent through reflection, we may return to recorded experiences to document both insights gained through reflection and aspirational strategies to inform and improve future decisions, including novel literatures to review in order to inform ethical practice. Revision is meant to solidify lessons learned and deepen the utility over time of cumulative records as a self-generated resource that lives and grows alongside researchers as they move along their path in community engagement.

Employing 4R in Science-Community Partnership

The remainder of this paper presents examples from our own CEnR experience illustrating the development of 4R through our partnered work. As members of a multidisciplinary field, CEnR investigators often draw from a range of professional codes of conduct (e.g., American Sociological Association; American Psychological Association [APA]; American Evaluation Association; American Anthropological Association); and while these frameworks largely converge around similar fundamental principles, they remain distinct in their terminology and application due to the traditional roles and responsibilities unique to researchers and practitioners within each respective field. Thus, to clarify our perspective and language as we illustrate case examples, we explicitly draw upon the APA Ethical Principles of Psychologists and Code of Conduct (i.e., the APA Ethics Code; APA, 2017a).

We selected the APA Ethics Code for a number of reasons: First, as researchers and providers operating primarily in the space of community psychology, the work of our team finds its roots in traditional psychology (Bennett, 1965). Second, while CEnR broadly includes community-partnered efforts toward a range of dissemination, implementation, and services goals, our partnered activities center on evidence-based mental health practices. As a result, our discussions include an added layer of consideration as clinicians and providers not necessarily found in the ethical codes of other fields. Lastly, current trends indicate that psychologists are increasingly working in communities characterized by poverty and other social determinants of poor health, collaborating with non-academic partners, and involved in social justice and policy (APA, 2017b). Rising numbers of psychological scientists with variable training in community engagement coupled with the current social and political climate – influenced by policymakers' devaluation of science over recent years (Center for

Science and Democracy, 2017) and mixed attitudes towards scientists among the general public (Funk, 2017) – lends urgency to the need for guidance on ethics in CEnR that relates readily to the APA Ethics Code. Hence, we organize considerations below by the APA Ethics Code's General Principles: *Beneficence and Nonmaleficence; Fidelity and Responsibility; Integrity; Justice; and Respect for People's Rights and Dignity* (APA, 2017a). We refrain from suggesting that recommendations herein represent “best practice” to avoid the risk of overextending our specific learning and experience to the diverse partnerships and challenges that characterize CEnR. Instead, our goal is to raise questions that have been revealed in our own long-standing program of CEnR and thereby contribute to and promote ongoing discussion of ethical practice. Throughout, we describe experiences from the past two years of our ongoing partnership with *Future Leaders* (a pseudonym), a non-profit organization serving a local high crime, low resource community.

Beneficence and Nonmaleficence

Psychologists are ethically bound to protect and not harm those with whom they work (*Principle A: Beneficence and Nonmaleficence*, APA, 2017a). Typically, this principle involves mandated reporting of maltreatment and abuse, and the inclusion of extra protections for vulnerable communities against coercion and deception in research. Though conceptually simple, its complexity in CEnR reflects ambiguity regarding how to define “those with whom they work” (i.e., accountability; Kesten et al., 2017). Community-partnered investigators collaborate with individuals across a range of stakeholder groups, with competing demands and priorities, and are required to juggle their accountability to project funders, local collaborators (including administrators and frontline staff), and the vulnerable populations served by their partnering CBOs (Anderson et al., 2012). At the same time, investigators are tasked with evaluating the extent to which safeguards may also cause harm, resembling considerations associated with mandated reporting: when does protection of a child, elderly, or disabled individual warrant breaching confidentiality? Even in traditional psychotherapy settings, the decision is fraught with uncertainty in determining the presence of maltreatment or neglect and considering whether the resultant damage to therapeutic alliance and potential termination of services does more harm than good (Gushwa & Chance, 2008). The broader community context adds substantial weight and complexity.

We have found that advanced and explicit attention to the following characteristics of our CEnR collaborations guides our thinking and decision-making towards addressing ethical challenges: (1) goals for research and collaboration, (2) individuals engaged in activities towards these aims, and (3) specific setting and larger context in which activities occur. First, doing our best to clearly communicate our overarching goals and align them with our partners' goals helps us establish our responsibilities to collaborators and stakeholders, and clarify both competing and convergent needs across both sides of partnership. Maintaining an understanding of roles as the partnership advances enables us to more readily identify routes by which we might mitigate harm, while evaluating needs helps to highlight potential consequences. Next, a mental map of CBO-engaged individuals provides further guidance as to who we serve, who should be involved in resolving ethical challenges, and how our actions might create cascading effects for others. Though each organization includes a

unique combination of personnel, we broadly categorize CBO members as leadership (i.e., those high in institutional hierarchy who play major roles in decision making), supervisors (i.e., mid-level managers who oversee day-to-day operations), frontline staff (i.e., organizational members who are in direct contact with stakeholders), and target groups (i.e., program participants, often those receiving direct services). Individuals may belong to multiple subgroups, lending added complexity. Lastly, context is important both in terms of the specific space within which services are provided, and the larger community served. The *specific* setting of partnership determines policies and procedures relevant to identifying and resolving ethical challenges. Similarly, the *broader* context (e.g., cultural norms, available resources, needs of stakeholders) can guide not only *when* but also *how* we act, or intervene. In addition to helping us respond in ways that stakeholders may find more acceptable, contextual factors may indicate why a particular issue is occurring (or recurring) and point us to underlying problems, and in turn, more sustainable solutions.

A working knowledge of these factors has become the foundation from which we make decisions regarding our approach to ethical practice and challenges by adhering to 4R. With *Future Leaders*, partnered activities pursue two **overarching goals**: (1) workforce development in their after school and summer program serving preschoolers and elementary-age youth; and (2) development and evaluation of a brief parent-preschooler book reading intervention. **Engaged individuals** include the organization's CEO and program directors (*leadership*), a site supervisor and team leads (*supervisors*), and teachers and auxiliary staff members (*frontline staff*) who support the children enrolled in *Future Leaders* and their families (*target groups*). Activities across both aims occur in the **larger context** of an organization with multiple partnerships hoping to sustain a variety of programs for families in a community characterized by high poverty and high crime. The **setting** is a public school that hosts multiple extracurricular and after school programs, following policies and procedures set by the local school district..

Throughout the course of our partnership, we have provided monthly workshops for *Future Leaders* frontline staff and supervisors on student engagement, child development, and infusion of socio-emotional content into regular routines and activities. In addition, we provide weekly on-site consultation to support implementation of workshop recommendations. Our primary goal of workforce development informs decisions regarding the appropriate level of response to any incident (e.g., mandated reporting to a state agency, *Future Leaders*' internal reporting procedures, or individual staff consultation), prioritizing protections for safety and welfare while preserving rapport and respecting local process and values. Addressing situations empathically – in a way that acknowledges real-world barriers without aligning with a status quo that may perpetuate harmful practices – can strengthen relationships and support future efforts to affect change. Similarly, a mental map of engaged individuals yields options regarding pathways by which to address each issue (e.g., some staff respond best to direct consultation, others better to instruction provided by peers, team leaders, or site supervisors), and an understanding of context and setting (e.g., cultural norms, resources available to implement recommendations or sustain change, mandated procedures) further delineates ways by which to help frontline staff improve practice. Even with this information, however, the appropriate ethical solution may remain unclear. In light

of negative consequences that may outweigh benefits (e.g., staff termination, damage to rapport, suspension or closure of programs providing essential services to under-resourced communities), investigators face difficult, high-stakes questions.

Answers may be found in another set of questions: what can academic partners do to promote positive change, is it sufficient, and what is the cost to themselves, their collaborators, and the community at large? Answers may satisfy legal criteria (e.g., protecting research teams and their institutions from liability, “what we *have* to do”) and/or ethical principles (e.g., what best protects our participants and advances our communities and science, “what we *should* do”)(Campbell & Morris, 2017b); although the two are related, they are not always the same. For example, we have several times learned of (i.e., been informed of or directly observed) caregivers’ use of physical punishment. As mandated reporters, the simplest act would be to file an immediate report and consider our responsibility fulfilled. However, in consideration of the complex and confronting history between our communities, science, and mental health (e.g., Lee, 2012; Satcher, 2012), we recognize the potential harms of applying our own perspectives and standards as scientific outsiders.

Instead, as others have also suggested (e.g., Haarlammert et al., 2017), we have worked to understand our community’s history, build relationships and dialogue often with local leaders, explore the local understanding of corporal punishment versus abuse, and identify meaningful – but not harmful – ways for determining when and how to intervene, all while maintaining a clear understanding that protecting the physical safety of youth must at all times remain our first priority, and acknowledging our role as mandated reporters. In specific instances where we are called to action (e.g., when physical punishment is observed on site) we Respond immediately (e.g., intervene as needed to support the safety of the child, engage in dialogue with caregivers and local *Future Leaders* staff, discuss with supervisors guidelines for reporting based on severity and community norms); Record and Reflect on details of the incident and our role (e.g., think together on the proximal and distal consequences of our response, examine the need for and means to continue the conversation – with specific individuals or larger groups – to better ensure safe discipline); and Revise our “standing team rules” and operating procedures (e.g., updating our mental map to improve our response to future incidents).

While some questions (like those related to mandated reporting) have legal repercussions, others fall outside of legal mandates, further reducing clarity regarding their resolution. Though it may seem obvious that we should always adhere to the highest standard, the realities of employing aspirational solutions may overextend time, funding, and human resources, ultimately doing more harm than good; indeed, we consider that setting procedures to protect participants and communities that cannot reasonably be completed or sustained is at times itself a violation of ethical principles (e.g., *Beneficence and Maleficence* – psychologists should maintain awareness of the limits of their physical and mental health and its impact on their ability to help others; APA, 2017a). Balancing immediate costs and benefits, with consideration for the impact of choices on long-term outcomes and course of partnership, involves significant uncertainty. Exploring the next

principle, *Fidelity and Integrity*, has often supported our process in seeking clarity around these obligations.

Fidelity and Responsibility

Psychologists will act truthfully and morally in professional relationships, taking responsibility for their actions, and supporting their communities (*Principle B: Fidelity and Responsibility*). Broadly speaking, *Principle B* cautions against conflicts of interest that may lead to “exploitation or harm” and urges psychologists to mitigate effects of such conflicts when they arise. In traditional practice, conflicts of interest reflect risk associated with entering into multiple roles with specific individuals (e.g., not forming personal relationships with patients, not soliciting research participants for services) or having multiple competing accountabilities (e.g., financial conflicts that may impact objectivity of science). In academic-community partnerships, however, each group represents a collection of subgroups and individuals with a range of interests and priorities. Thus, collaborations inherent to CEnR bring complexity that warrant further attention and specification.

We reflect on how we might best meet our responsibility across all levels of our partnered CBOs. For instance, stakeholders at different levels of CBOs (leadership, middle managers, frontline staff) may hold conflicting views for how best to uphold their mission and meet their service goals. In the course of providing workforce support to *Future Leaders*, we have become increasingly aware of the causes and consequences of these disparate views, and of our unique position to leverage opportunities within our purview that may mitigate conflicts as they arise. Take, for instance, allocation of tasks to staff. Like many after-school programs, *Future Leaders* employs many part-time front-line providers whose compensated hours are almost entirely spent with enrolled children, placing a premium on time before or after program hours for planning and problem-solving. *Future Leaders* staff members spend considerable time entering indices of student performance in online portals – data required and used by leadership to secure funding for equipment, materials, or staff salaries. Everyone converges around a primary goal of continuous quality improvement; however, their strategies compete for an already limited resource – staff time – which in turn complicates our efforts to provide consultation in a way that upholds the values and needs of both groups within the organization.

Data-informed decision making may help to resolve shifting conflicts of interest via questions about roles and goals in collaboration, including but not limited to the following examples: What is the nature of partnership (e.g., what are the CBO’s overarching goals in their engagement with this research, what roles are expected of the academic partner and CBO, and to what extent can the academic partner encourage and enact change to research practices and procedures)? What is the CBO’s relationship with the community they serve (e.g., do they see themselves as members of their target community, what power dynamics exist between the organization and stakeholders, and how might imbalances impact ethical practice)? Who among the CBO workforce has expressed interest and investment in partnership (e.g., are CBO champions of partnership key opinion leaders, how long have they been employed by the collaborator, and what other priorities do they hold)? Transparent and explicit dialogue contributes to building trust and sustaining relationships, and may

support efforts to anticipate potential conflicts of interest and mitigate their impact on partnered research.

Over the course of our partnership, it became increasingly clear that competing organizational priorities disrupted our original goal to introduce and support evidence-based content regarding youth engagement and socio-emotional development. Corresponding role overload for frontline teachers and auxiliary staff interfered with their ability to enact new strategies and apply new knowledge in the classroom. Early in our partnership, we adhered to traditionally defined guidelines (e.g., of our role as implementation scientists, and our priority of sustainable change); as a result, we engaged leadership and supervisors to help address challenges (Respond). Regular comprehensive field notes over many months provided meaningful insight (Record and Reflect), revealing that our original function to support frontline staff directly was competing with an emerging opportunity to support broader organizational change. As a result, we shifted consultation toward facilitating alignment and communication across workforce groups to advance implementation of evidence-based practice (Revise). Notably, we have found that these questions often require ongoing conversation, as we have revisited them multiple times in an effort to “stay on course” without overextending our own resources or stepping too far outside of our primary areas of experience.

Relatedly, we also reflect often on how we can best conduct our partnered work while meeting the overarching goals of academia and professional development. Similar to CBOs, academic teams consist of multiple stakeholders and groups (e.g., established researchers, early career investigators, post-doctoral fellows, graduate students, undergraduate research assistants) with different needs (e.g., tenure and promotion timelines for faculty members, program milestones for graduate students) and access to resources. We often consider the ways in which the timeline and complexities of partnered research compete with goals for professional advancement and funding, and how these competing priorities may contribute to conflicts of interest (e.g., collecting data without adding undue burden to stakeholders; providing support for challenges that lie outside of our direct areas of knowledge to maintain rapport and respond to staff members’ feedback; seeking funding for our work – and staying true to proposed research designs and procedures once funding is conferred – without overextending our own or our partners’ resources).

Here, too, we rely on a series of questions posed within our team to inform decision making towards ethical practice. What funding sources would be made available, and to what extent would those financial resources become essential to the research team? What research opportunities exist, and how might they bind academic teams to maintain partnership (i.e., can investigators walk away from time invested in data collection if needed – for example if CBOs themselves begin engaging in practice that is not ethical based on our standards)? What other initiatives and partnerships are in progress, and how might one collaboration affect others? Additionally, we strive to consider the implications of our own power and status, arising from advanced training and expertise, and access to university resources (see Kakkad, 2017; Kesten et al., 2017): In what ways does partnership align the team with traditional power structures (e.g., state and federal institutions) and vulnerable communities, and how might these accountabilities compete? What message does partnership with

institutions in power send about investigators' acceptance of (or alignment with) their practices, and how might researchers leverage partnership to advocate for disenfranchised populations and marginalized subgroups? These questions comprise an ongoing discourse that we have found useful in guiding choices to initiate and sustain partnerships, direct investment of our time and effort, and actively resolve conflicts of interest as they present themselves. Moreover, these questions have had a direct bearing on our efforts to uphold both *Integrity* and *Justice* in our work.

Integrity and Justice

Psychologists will act to avoid “unwise or unclear commitments” (*Principle C: Integrity*; APA, 2017a), and identify pressures that may result in unequal access among stakeholders and groups to the benefits of partnered work or psychological science as a whole (*Principle D: Justice*; APA, 2017a). Central to *Integrity* and *Justice* are issues that arise from attempts to balance individual rights with group or social gains (Kivell et al., 2017). Fundamentally, scientists strive to advance knowledge and support the greater good. Researchers and IRBs assess the risks and protections associated with study procedures to ensure that benefits (to society) exceed costs (to individual participants) (Dworkin & Allen, 2017). In CEnR, however, this calculation is further complicated by the introduction of additional groups and stakeholders for whom risks and benefits may differ or compete, and investigators are encouraged to consider how research conducted in non-traditional community spaces, as opposed to university laboratories, might confer benefits, opportunities, risks or costs for individual participants, organizations, and the broader community.

Beyond weighing CBO-specific individual (e.g., specific staff members) risks versus group (e.g., a department within the CBO, or the CBO as a whole) benefits, we often find that we must weigh individual risks with group benefits where the “group” in question represents the larger field or society as a whole (see Kivell et al., 2017). Procedures to ensure privacy, confidentiality, and right to decline participation without undue pressure ultimately impact data collection and may result in insufficient information to answer scientific questions (Dworkin & Allen, 2017). For example, in determining partnered activities with *Future Leaders* related to the development and evaluation of our parent-preschooler book reading intervention, we opted for an open trial research design. We set aside our ability to make causal inferences by not employing randomization to control conditions or multiple baselines in order to reduce burden on participants who may already experience significant life stressors. Similarly, with regard to use and management of data (both data collected for research purposes and data by-products of organizational procedures and quality improvement workshops), staff members may decline to participate (in research or consultation) and are not required to identify themselves on any forms. Moreover, we retain all original forms and datasets with individual data points, do not disclose individual responses to CBO leadership, and only provide findings to *Future Leaders* members in aggregate, de-identified formats. These practices align with conventional practice (e.g., Kadushin, 2005) and remind us to consider what might promote or disrupt the fair use of and equal benefit from data collection and analysis, keeping in mind important implications towards differential interpretation, dissemination and influence of findings across stakeholder groups. In the absence of sufficient data to advance knowledge and enhance

society, there is less overall benefit to offset risks incurred by individuals that did participate in the research. Moving from societal to local impact, it bears mention that community partners and members invest significant time and effort in research in hopes that findings will inform their programming and directly benefit their stakeholders. Failure to produce meaningful data can erode relationships, trust, and support of research generally (Dworkin & Allen, 2017).

As many of our partnerships involve organizations engaging with communities in which scientific conduct has historically employed deceptive or unethical practices (e.g., communities of color or those characterized by poverty; Lee, 2012; Satcher, 2012), we are particularly sensitive to the risk of failure to upholding *Integrity* (“Psychologists strive to keep their promises”) and *Justice* (“equal access to and benefit from the contributions of psychology”) (APA, 2017a). Again, transparency through open dialogue; clarity regarding expectations, costs, and benefits; and shared agency in decision-making regarding research procedures (recruitment, data collection, interpretation and dissemination of findings, data-informed program modification) help mitigate risks for misinformation, inflated expectations, perceived deception and or disappointment. Previous literature and existing recommendations for community engagement underscore in particular the importance of transparency, frequently identifying open dialogue at all stages of partnership as best practice (Anderson, 2013; Michener et al., 2012).

As relationships and roles become more complex over time, however, even open dialogue can require caveats and be difficult to maintain. In collaboration with *Future Leaders*, we have clarified our role as one of training and consultation – but not evaluation of staff performance – to leadership, mid-level supervisors, and frontline staff. Setting this boundary creates a precedent that encourages frontline staff to raise concerns and ask for help (i.e., expose vulnerabilities) without jeopardizing (or fear of jeopardizing) their employment or potential advancement. It can become tricky though to communicate openly, honestly, and truthfully (i.e., with *Integrity*) in receipt of information (from staff members or by direct observation) that may have direct implications for program quality and community needs such as safety (i.e., to uphold *Beneficence and Nonmaleficence*). Here, too, transparency facilitates adherence to ethical standards; for instance, early candor regarding potential exceptions to confidentiality (e.g., observed risk of harm to a child) facilitates mutual understanding of roles, goals, and expectations, that in turn encourages disclosure of and opportunity to address potential questions, concerns, and hesitations about research as they arise (Respond). Transparent, bi-directional conversations over time and across organizational levels provide a foundation for difficult decisions that may otherwise be perceived as contradictory or deceptive by CBO members (for example, reporting frontline supervision or safety concerns to managers despite our commitment to a non-evaluative role). Engaging in these discussions *across all partnership levels* helps to ensure equal quality of and access to the research partnership (and associated consultation) for all staff, especially important when organizational goals conflict with individual needs (e.g., staff termination to reduce program cost), or when individuals at different CBO levels prefer competing strategies to work towards the same goal. Moreover, a regular practice of discourse with all levels of workforce strengthens the foundation from which investigators might facilitate joint discussion around challenges.

Respect for People's Rights and Dignity

Psychologists are expected to value diversity and mitigate the effects of preconceived biases on their work and ethical practice (*Principle E: Respect for People's Rights and Dignity*; APA, 2017a). In spirit, *Principle E* aligns with prior discussions on safeguarding vulnerable individuals and communities and is supported in practice by efforts to minimize harm, assess accountability, and invite open discussion. On our team, we strive to remain particularly mindful of science's confronting, storied history of deceptive and unethical conduct in communities (particularly those of color; see Lee, 2012; Satcher, 2012), and we welcome explicit and ongoing discussion about this with our community partners and stakeholders. Efforts to this end strengthen research by identifying and reducing prejudice and improving objectivity and truthfulness in scientific activities.

Researchers write narratives – both through subjective impressions and decisions regarding sampling, recruitment, data collection, analyses, and interpretation – of communities represented in their work. As Haarlammert and colleagues (2017) richly illustrate, this responsibility is even greater when partners and participants represent communities that are traditionally disadvantaged, underrepresented in research, and historically misrepresented in publications drawing from deficits-models and written through the lens of predominantly Euro-American norms. A key strength and tool of community engagement in ensuring respect for persons and cultures in publication is the utility of methodologies to explore ground-level detail by seeking information-dense responses from stakeholders. Introduction of *nuance* when publishing about traditionally underrepresented groups (e.g., use of physical punishment *alongside* the recognition of a boundary between appropriate discipline and child abuse; acknowledgement of cultural restrictions on women *couched in* adolescent girls' reports that they accept and at times prefer to uphold these norms) allows for a more high-resolution view of specific populations. The deliberate choice to include details that contradict or qualify narratives perpetuated in conventional literature demonstrates respect for the agency and validity of individual and cultural differences (Haarlammert et al., 2017).

Identifying biases is a challenging enterprise – even for those who consider themselves “cultural insiders” based on demographic similarities to their partnered communities (Case, 2017; Haarlammert et al., 2017). Moreover, confronting these perspectives can raise shame, anxiety, and uncertainty (Case, 2017). Engaging community organizations and stakeholders in planning study questions and design diminishes the effect of researchers' preconceptions on collaboration and contributes to partnerships built on mutual respect and shared power (Michener et al., 2012). Like investigators, however, community stakeholders may bring to the research a determined lens that influences their expectations for what design and data are likely to be most impactful and relevant (e.g., Javdani et al., 2017). Thus, those hoping to adequately account for existing biases must engage in regular, critical self-reflection – both independently and with peers – in addition to discussions with partners (Case, 2017). Research decisions and responses – both explicit actions and internal reactions – may shift as a function of questions that deconstruct goals and motivations starting with objective observation (“What was happening that prompted us to act? What were our internal and behavioral reactions?”), moving on to assess motivation (“Why did we act or react this way? To what extent was this driven by evidence and knowledge, preconceptions and biases, or

other needs and incentives?”), and ending with honest evaluation of consequences (“What was the outcome, and how did our reaction contribute to it? What went well, and what might we do differently in the future? What discomforts or issues remain?”) These queries explore the cognitive underpinnings of investigator behavior *as well as* more automatic internal reactions in hopes of acknowledging the emotionality of community-based science and leveraging investigators’ critical understanding of their internal states to highlight biases in action (Langhout, 2015 as cited in Case, 2017). The last question in particular responds to experiences noted in the literature that biases are at times identified after an evaluation of disquiet and discomfort over multiple incidents (Case, 2017).

Conclusion

As Campbell and Morris (2017a) remarked, “identifying an ethical path can be a difficult, uncomfortable, *and often quite a lonely journey*” (p. 491, emphasis added). Truly, the ethical dilemmas faced by investigators engaged in communities are frequent and varied, and clear “right” or “wrong” solutions may remain elusive, even after reflection and resolution. While current ethical standards such as the APA Ethics Code help light the way, their original development for traditional contexts and individual level of analysis introduce an ambiguity in application to community spaces and group-level problems. Nonetheless, as writings on ethics advance, community-engaged researchers may find solace and encouragement in the validation and normalization provided through others’ experiences. Until then, we hope insights shared here highlight the value of open discourse and reflection and help steer toward the “ethical path” envisioned by Campbell and Morris (2017a). The diversity and complexity of CEnR necessitates that we proceed with compassion – for our community partners, ourselves and our teams – and continue to advance both our own local knowledge and the field’s growing literature of ethical conduct in community engaged research.

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Figure 1.
4R Plan and routine practice for ethical conduct in community-engaged research