

CHAPTER 2

Competence

Ethical Standard 2



CHAPTER OUTLINE

- Standard 2.01: Boundaries of Competence
- Standard 2.02: Providing Services in Emergencies
- Standard 2.03: Maintaining Competence
- Standard 2.04: Bases for Scientific and Professional Judgments
- Standard 2.05: Delegation of Work to Others
- Standard 2.06: Personal Problems and Conflicts



STANDARD 2.01: BOUNDARIES OF COMPETENCE

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

A CASE FOR STANDARD 2.01 (A): Good Citizen in One's Agency

Dr. Collins is three months out of graduate school. In his first postgraduate, pre-licensure job, he works at a church-based counseling agency under the direct supervision of a newly licensed clinical psychologist. Three months ago, the agency decided not to replace a therapist due to budgetary shortfall. This has meant not only an increasing workload but also a more varied caseload for Dr. Collins. One patient, Jane, was assigned to him with a diagnosis of bipolar disorder. In the process of working with Jane, Dr. Collins was contacted by Jane's family regarding their increasing concern over Jane's noncompliance with treatment for her diabetes. Dr. Collins had no prior knowledge of Jane's diabetes, nor did Dr. Collins have experience in working with diabetic patients. Before Dr. Collins was able to staff the case with a

physician, Jane fell into a deep depression, failed to take her insulin properly, and went into a medical emergency. Dr. Collins received two phone calls—one from the hospital requesting consultation and one from Jane’s family.

Issues of Concern

In difficult budgetary times, it is not unusual for agencies to reduce staff size, thus requiring existing personnel to take on more work and cases that are not necessarily within their established competency range. Dr. Collins is still in the postdoctoral stage of training, thus not licensed to practice independently. Should Dr. Collins decline to consult with the hospital based on his level of competency?

Should Dr. Collins not have accepted the case based on his supervisor’s areas of competency? Was it possible for Dr. Collins to have declined the case given his employment situation? Should Dr. Collins have requested supervision or consultation with a health psychologist before taking on the case or as soon after knowledge of the medical complications as possible?

APA Ethics Code

Companion General Principle

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons . . . When conflicts occur among psychologists’ obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm.

Acting for the highest good of the client, the first two sentences of Principle A would direct Dr. Collins to do what he could at this point in order to do the most good for Jane, and to act in such a way as to minimize whatever harm might have been done through his own lack of full competence in the area of medical psychology.

The third sentence of Principle A suggests that Dr. Collins would have a conversation with his supervisor and others in the agency about the dangers of providing services outside one’s area of competency without adequate support.

Principle B: Fidelity and Responsibility

Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work.

Principle B guides psychologists to practice as members of the health care profession and to cooperate with the hospital as the hospital struggles to care for Jane. Thus, aspiring to the highest principles of Fidelity and Responsibility, Dr. Collins would return the phone call from the hospital as soon as possible.

Companion Ethical Standard(s)

Standard 1.03: Conflicts Between Ethics and Organizational Demands

If the demands of an organization . . . for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

While Principle A would suggest that Dr. Collins address the problems in this situation based on organizational demands, Standard 1.03 would direct Dr. Collins to raise these problems with the agency, and the conflicts they pose with the ethics code. Demanding that Dr. Collins take on treatment cases that are outside of both his supervisor’s and his areas of competency is problematic, regardless of budgetary constraints. While Standard 1.03 directs Dr. Collins to dialogue with the agency, it invites resolution only “to the extent feasible” for the agency and Dr. Collins.

Standard 4.05: Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of . . . the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

. . . (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to . . .

. . . (1) provide needed professional services; . . .
(2) obtain appropriate professional consultations; . . .

In the absence of a signed release of information from Jane to family members, Standard 4.05 (a) would direct Dr. Collins not to return the phone call from Jane’s

family. Additionally, in the absence of a signed release of information from Jane, Standard 4.05 (b) directs Dr. Collins to review the laws of his state regarding release of information without Jane's specific consent. If the state law allows for disclosure in a medical emergency, Standard 4.05 (b) (2) would direct Dr. Collins to return the call from the hospital.

Standard 3.09: Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

Standard 3.09 provides operational definitions of both Fidelity and Responsibility. It extends the duty beyond Standard 4.05 where psychologists are permitted to contact other health care providers. Standard 3.09 directs psychologists to cooperate when appropriate. In this case, with a hospital treating a depressed client for a medical emergency, most psychologists would deem it appropriate for Dr. Collins to return the call from the hospital for continuity of care.

Standard 4.06: Consultations

... (2) Psychologists ... disclose information only to the extent necessary to achieve the purposes of the consultation.

Standard 4.06 gives directives to Dr. Collins as to what should be disclosed about Jane when he converses with the hospital.

Legal Issues



Texas

22 Tex. Admin. Code § 465.9 (2010).

(a) Licensees provide only services for which they have the education, skills, and training to perform competently.

... (d) Licensees provide services in an unfamiliar area ... only after first undertaking appropriate study and training, including supervision, and/or consultation from a professional competent to provide such services.

... (f) Licensees are responsible for ensuring that all individuals practicing under their supervision are competent to perform those services.

... (h) Licensees who lack the competency to provide particular psychological services to a specific individual

must withdraw and refer the individual to a competent appropriate service provider.

22 Tex. Admin. Code § 465.12 (2010).

(a) Licensees utilize business practices and provide services in a manner that safeguards the privacy and confidentiality of patients and clients.

... (e) Licensees disclose confidential information without the consent of a patient or client only in compliance with applicable state and federal law. [Under HIPPA, 45 CFR 164.508, a valid written authorization must exist before Personal Health Information (PHI) can be released.]

Minnesota

Minn. R. 7200.4600 (2010). Competence.

Subpart 1. Limits on practice. A psychologist shall limit practice to the areas of competence in which proficiency has been gained through education and training or experience and which have been stated in writing to the board by the psychologist.

... *Subpart 3. Consultation with other professionals.* In cases in which a new ... specialty is developing, a psychologist shall engage in ongoing consultation with other psychologists or similar professionals as skills are developed in the new area and shall seek continuing education which corresponds to the new area.

Subpart 4. Referrals. A psychologist shall recognize that there are other professional ... resources available to clients and make referrals to those resources when it is in the best interests of clients to be provided with alternative or complementary services.

Minn. R. 7200.4700 (2010). Protecting the privacy of clients.

Subpart 1. In general. A psychologist shall safeguard the private information obtained in the course of practice. ... With the exceptions listed in subparts 2, 4, 5, 10, and 12 [none of these subparts apply to the facts of the case discussed above], private information is disclosed to others only with the informed written consent of the client.

In both jurisdictions, upon learning of the diabetic condition of his client, unless the supervisor of Dr. Collins is competent in this area of psychology, Dr. Collins should withdraw from the case and refer his client to a professional within his agency competent to provide treatment. In addition, both jurisdictions preclude his violating the confidences of his client without obtaining a release of information.

Cultural Considerations

Global Discussion

Czech-Moravian Psychological Society Code of Ethics

Principle 1: Competence, responsibility.

Psychologists must attempt to ensure, maintain and develop their professional competence including supervision and recognize and maintain the limits of their competence.

1.1. Psychologists shall practice only within the area of their field for which they have got the appropriate preparation and achieved qualifications.

Dr. Collins's supervisor could be out of compliance with the Czechoslovakian code if he was not qualified with adequate health psychology training to supervise Dr. Collins in this case. The Czechoslovakian code specifies "appropriate preparation and . . . qualifications," which Dr. Collins did not have. This code would next direct Dr. Collins to train and improve his own competence through supervision, which in this case he did not have time to do.

American Moral Values

1. Jane's family is calling on Dr. Collins during a life-threatening situation. Does providing assistance in such a situation, in whatever manner possible, supersede the approach normally taken when someone's life is not at stake? Would Dr. Collins be abandoning the family at a critical time if he did not return their call?
2. What difference does it make to Dr. Collins that a client's family is calling, rather than the client herself? What kind of value does a clinical psychologist put on establishing or maintaining a relationship with the family member of his/her client? Does the value change depending on the psychologist's theoretical views of how families work?
3. What value does the psychologist place on a life, especially during the time of a medical emergency for a life-threatening situation? How does the value of a life and a potentially fatal medical illness put the questions of confidentiality in a different frame?
4. What are the moral considerations for the patient when the psychologist is practicing beyond his/her area of competency? Does Dr. Collins's untrained service outweigh the standard of competence, given

that upholding that standard might well have denied Jane help? What if Jane cannot afford any other form of service?

5. How does Dr. Collins take into account Jane's ability to afford care elsewhere (with someone who was qualified)? Does the church-based agency's sliding scale represent Jane's only chance to afford mental health care?
6. What is the moral context for a church-based agency providing these services? Would the family expect spiritual support/expertise from Dr. Collins due to his working there? How does the church-based orientation affect Dr. Collins's relationship with the family and his thinking about confidentiality?
7. What does Dr. Collins owe the hospital as Jane's treating psychologist? Is there any help he should impart beyond confessing to be out of his area of expertise? Should he share anything else that might help her? At what point does he owe it to himself to protect his own career in terms of what he might share with authorities?

Ethical Course of Action

Directive per APA Code

Standard 2.01 would have allowed Dr. Collins to accept and treat Jane if his supervisor was competent to provide treatment and supervision for health psychology in addition to treatment for adults. But if Dr. Collins's supervisor was not competent, Standard 1.03 would direct Dr. Collins to raise the question of adequate competency either through training or by supervision. Regardless of occurrences before the present emergency, once having accepted Jane into his caseload, Standard 4.05 directs Dr. Collins not to return the phone call to the family member. Standard 4.05 would allow Dr. Collins to return the phone call from the hospital emergency room only if state law permits such a breach of confidentiality.



Dictates of One's Own Conscience

If the state you practice in allows for returning the phone call to the emergency room without the signed consent for release of information from your client,

knowing the problems that emerged from this case, what might you do?

1. Regardless of whether breaching confidentiality is “mandated by law or where permitted by law” in the state you practice, you would call the hospital to give assistance with psychological knowledge.
2. Regardless of whether breaching confidentiality is “mandated by law or where permitted by law” in the state you practice, you would call the family to give comfort and assistance with psychological knowledge.
3. Call the hospital to say that you are not a trained health psychologist and thus cannot provide any assistance.
4. Call the family to say that you are not a trained health psychologist and thus can provide assistance only about the management of the depression.
5. You would not call the hospital because the client has failed to sign a release of information.
6. You would not call the family on the grounds that client has not signed a release of information.
7. Resolve to refuse onto your caseload any client for whom you are not competent by training or supervision to serve, but given the gravity of the present situation, call both the family and the hospital.
8. Consult your supervisor before taking any action. Then proceed to contact the hospital and the family if the supervisor suggests this course of action.
9. Resolve to seek out, complete, and receive specialized training in health psychology or an allied specialty that would allow competent care of clients such as Jane before taking on any more clients with physical health related disorders, and notify your supervisor of this resolve.
10. Refer Jane to your supervisor if he/she is competent for health psychology and refer the hospital phone call to the agency staff physician. Ask your supervisor and/or agency staff physician to return the phone calls to the hospital and the family.
11. Ask to be transferred to another supervisor, one who was closer to being trained as a clinical health psychologist, and then follow the direction of this new supervisor.
12. Do a combination of the previously listed actions.
13. Do something that is not previously listed.

If you were Dr. Collins working in Czechoslovakia, what might you do?

1. Consult your supervisor before taking any action.
2. Proceed to contact the hospital and the family if the supervisor suggests this course of action.



STANDARD 2.01: BOUNDARIES OF COMPETENCE

... (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

A CASE FOR STANDARD 2.01 (B): The N-Word

Sarah is a psychologist-in-training in her practicum placement at a social services center. Sarah is an African American female born and raised in an urban metropolitan city on the West Coast. Her supervisor is Dr. Stewart.

Sarah's client of approximately one month, Betty Ann, has a multitude of problems including a history of drug and alcohol dependence. In supervision with Dr. Stewart, Sarah reported the following events in her last session with Betty Ann. Betty Ann came into therapy complaining about an altercation she had just had at the bus stop on her way to the session. Betty Ann said, “And I gave that nigger a piece of my mind. Who does he think he is talking to a white woman like that? Oh, but honey, you are not like that.” Sarah reported this incident to Dr. Stewart in supervision and asked Dr. Stewart how best to handle such incidences in therapy with Betty Ann.

Issues of Concern

If Sarah, an African American, was not competent to provide services to Betty Ann, a white female who is possibly racist, then Standard 2.01 (b) directs Sarah to seek out supervision to develop such competency. In this situation,

Sarah is in compliance with the dictates of Standard 2.01 (b) by engaging in supervision with Dr. Stewart.

The primary area of focus is whether Dr. Stewart is competent to provide supervision to Sarah, a non-white student who is treating white clients with a cultural background of race discrimination. Although it is possible the racist remark by Betty Ann may be personally and morally repugnant, the racist remark Betty Ann made toward Sarah is a clinically significant issue. What is of issue here is the supervisor's approach to Sarah: Is Dr. Stewart competent as a non-African American to consult and supervise in this context? Does her "whiteness" make her vulnerable to engaging in micro-aggressions or somehow lead her to collude with the client in making Sarah feel invisible in that the client's remark is somehow excusable or viewed as not racist? Or, does her whiteness allow her to supervise Sarah with regard to how best to address issues of race and discrimination in therapy, presuming the supervisor has done some personal investigation into the areas of racism and privilege?

How can the supervisor take necessary steps to ensure that the supervisee receives or has received proper training to treat this client, as well as providing a safe space during supervision to describe honestly whether she (Sarah) is comfortable treating the client?

APA Ethics Code

Companion General Principle

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work.

In this case, it is the supervisor's obligation to see to her trainee's education and the benefits from working with her client Betty Ann.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with whom they work.

In this case, it is the obligation of the supervising psychologist's to form a trusting role with her supervisee.

Principle E: Respect For People's Rights and Dignity

Psychologists are aware of and respect cultural . . . differences, including those based on . . . race, ethnicity . . .

and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

Adhering to Principle E in the provision of competent supervision would guide Dr. Stewart to be aware of Sarah's cultural values, beliefs, and practices about racist white people like Betty Ann. Along the same line, Principle E in the provision of competent treatment would guide Sarah to be aware of Betty Ann's cultural values, beliefs, and practices. As Sarah's supervisor, Dr. Stewart would need to direct Sarah, an African American, to respect the culturally based racist behavior of Sarah's client, Betty Ann.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Adhering to Principle E in which psychologists respect the client's cultural practices would also lead psychologists into direct conflict with that section of Principle D in which psychologists are to "ensure . . . [they] . . . do not . . . condone unjust practices." Adhering to Principle E where Sarah respects Betty Ann's racist cultural practices would mean condoning the oppression of Sarah as an African American by a white female in the therapy session. The supervisor must balance her need to see her trainee stay emotionally safe with the client's right to receive services even if the client presents with anger and prejudiced beliefs.

Companion Ethical Standard(s)

Standard 2.01 (a): Boundaries of Competence.

(a) Psychologists provide services, teach . . . with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

Is Dr. Stewart's competency based on training, study, or professional experience, to provide supervision

for African American students who must handle race discrimination from their clients? Should Dr. Stewart consider whether the trainee is competent to treat this client, even under supervision, given the complexities of overlapping diagnoses coupled with possible apparent hostility toward the trainee's ethnic background?

Standard 2.05: Delegation of Work to Others

Psychologists who delegate work to . . . supervisees . . . take reasonable steps to . . . (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently.

Dr. Stewart must be certain that Sarah is competent to treat Betty Ann; competence here also refers to maintaining sufficient objectivity on Sarah's part such that she can continue treating Betty Ann in a way that benefits Betty Ann. How can Dr. Stewart take necessary steps to ensure that Sarah receives or has received proper training to treat Betty Ann, as well as provide a safe space during supervision to describe honestly whether Sarah is comfortable treating the client?

Standard 3.01: Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on . . . race, ethnicity, culture, . . . socioeconomic status, or any basis proscribed by law.

If Dr. Stewart becomes indignant when hearing Betty Ann's comments, this might cause Sarah to form a negative judgment of Betty Ann. Racism and unfair discrimination would then enter both the therapeutic and supervision alliances and possibly perpetuate bias in both relationships.

Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (American Psychological Association [APA], 2003)

Guideline 1. Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.

Sarah provides psychological treatment to Betty Ann. As suggested under Guideline 1, Sarah is to recognize

that her own beliefs influence her bias about Betty Ann's culture. Through such awareness, Sarah would not necessarily move to condemn Betty Ann's attitude toward "that nigger."

Dr. Stewart provides supervision to Sarah, and as suggested under Guideline 1, Dr. Stewart would also work to recognize her own beliefs that influence her bias about both Sarah and Betty Ann's culture.

Legal Issues



California

Cal. Bus. & Prof. Code § 2915(i) (West 2003). Practice outside fields of competence.

(i) A psychologist shall not practice outside his or her particular field or fields of competence as established by his or her education, training, continuing education, and experience.

Cal. Bus. & Prof. Code § 2960(p) (West, 2003). Causes for disciplinary action.

. . . (p) Functioning outside of his or her particular field or fields of competence as established by his or her education, training, and experience.

Virginia

18 Va. Admin. Code § 125-20-150(B) (2010). Standards of practice.

. . . B. Persons licensed by the board shall:

1. Provide and supervise only those services and use only those techniques for which they are qualified by training and appropriate experience. Delegate to their . . . supervisees . . . only those responsibilities such persons can be expected to perform competently by education, training and experience. Take ongoing steps to maintain competence in the skills they use.

. . . 5. Avoid harming patients or clients, . . . students . . . , for whom they provide professional services and minimize harm when it is foreseeable and unavoidable. . .

18 Va. Admin. Code § 125-20-160 (2010). Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license for any of the following causes:

. . . 5. Performing functions outside areas of competency;

. . . 7. Failure to comply with the continued competency requirements set forth in this chapter; or

(a) Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter. . .

California law is silent about the specific duties of the supervisor, but the general standard that applies to all psychologists would charge Dr. Stewart to develop and sustain competency to provide such services. Virginia provides more concrete direction under the law. Not only must Dr. Stewart be competent to provide supervision but also she must not harm Sarah during the supervision. Sarah also owes the duty to not harm Betty Ann. Even though the law is silent, the APA Multicultural Guidelines provide a foundation for each jurisdiction to assess whether either Dr. Stewart or Sarah lack competence when providing their psychological services. Both Dr. Stewart and Sarah would be expected to develop and sustain multicultural competency in the evaluation and treatment of clients and supervisees.

Cultural Considerations

Global Discussion

Code of Ethics: Netherlands

III. 2. Respect; III. 2.1.3. Non-discrimination.

The psychologist takes into account and respects individual and cultural diversity resulting from differences in race, . . . ethnicity. . . He makes an effort that, despite these differences, all persons are granted equal opportunities under equal circumstances. Discrimination on these or any other grounds is prohibited.

Nowhere in the Netherlands' code does it discuss whether clients may make racist or discriminatory statements to the psychologist treating them—only that treatment of clients may not be different based on any identity variable. However, it would not be acceptable to advise Sarah that Betty Ann be treated any differently based on her racist remark. Discrimination from the psychologist based on differences in race is prohibited.

American Moral Values

1. Does Dr. Stewart find it better to respond to Sarah more as a person than strictly as a professional by morally objecting to the racial slur, for example: “I’m sorry that you had to be exposed to that”?
2. Does Dr. Stewart, keeping in mind her status as a white figure of authority, express her solidarity with Sarah by saying that it was not acceptable for Betty Ann to have used the N-word?

3. Does Dr. Stewart place a greater value on her role as supervisor by not expressing her own personal opinion, instead focusing on Sarah’s development as a therapist by talking to Sarah about how she could best maintain her professional stance? Would ignoring the slur be the strategy she would recommend?
4. How should Dr. Stewart, as an educated white professional, speak about Betty Ann, if at all? Should she defend whites “as a whole”? Should she try not to put down this client for acting as “white trash”? Is Dr. Stewart tempted to distance herself as a white person from Betty Ann?
5. If Dr. Stewart responds aggressively about Betty Ann’s comment, has she framed Sarah as primarily a victim of racial discrimination? Does that deny Sarah authority as a young therapist? Does it insinuate that Sarah needs protection rather than just encouragement to deal with it on her own? How can Dr. Stewart avoid patronizing Sarah?
6. Will Dr. Stewart have reenacted racial discrimination and be party to racial oppression by not allowing Sarah to craft an intervention in which she is the primary agent? Will Sarah even be able to execute Dr. Stewart’s instruction as an African American with Betty Ann as her client?

Ethical Course of Action

Directive per APA Code

Standard 2.01 directs Dr. Stewart to “have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of services, or make appropriate referrals” when dealing with “factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.” This means Dr. Stewart is to refer Sarah for supervision to someone else unless Dr. Stewart is competent to supervise African Americans on how to treat white clients who hold racist beliefs.



Dictates of One's Own Conscience

If Dr. Stewart is like most psychologists, she would not have received any special training on how, as a white female, to supervise an African American student on providing culturally sensitive treatment to a white racist. You might say to yourself, “Good thing I don’t practice

outside of my competence and thus would never have taken on Sarah as a supervisee.” However, if you were Dr. Stewart and you had not received specific training by education or supervision on providing supervision to African American students, what might you do?

1. Ask Sarah how she feels, and explore Sarah’s countertransference to Betty Ann.
2. Ask Sarah what else was going on in the session and not address the racial slur.
3. Direct Sarah to tell Betty Ann that the comment “Oh, but honey, you are not like that” is racist and offensive.
4. Become indignant on behalf of Sarah, and talk about how inappropriate it is for anyone to hold such an old-fashioned racist attitude.
5. Say to Sarah that the focus of treatment is not Betty Ann’s racist attitudes but her bipolar symptoms. As such, psychologists have to let many things slide in session in the service of treatment for the primary symptoms.
6. Explore with Sarah whether it is possible for a person from a minority race to conduct psychotherapy with a white person. After exploration, encourage Sarah to transfer Betty Ann to a psychologist who is not a person of color.
7. Explore with Sarah how any clinical psychologist responds to clients who either question overtly or covertly the psychologist’s authority as a way to undermine the treatment, and point out that in this case the challenge happens to be racially based.
8. Do a combination of the previously listed actions.
9. Do something that is not previously listed.

If you were Dr. Stewart practicing in the Netherlands, the previously listed options would still apply since the guideline for nondiscrimination is substantially the same as the one listed by the APA Ethics Code.



STANDARD 2.01: BOUNDARIES OF COMPETENCE

... (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

A CASE FOR STANDARD 2.01 (C): Overconfident

Lisa and Charles are in treatment with Dr. Morris. Their presenting complaint is difficulty with communication. Lisa has an extensive trauma history, with both emotional and physical abuse in her past. After five sessions, Dr. Morris suspected the communication problems were being exacerbated by an undiagnosed personality disorder for Lisa. Lisa is also in school and has been recently struggling with one of her classes. Dr. Morris referred Lisa for academic testing to explore possible reasons for her school failure. Due to Lisa’s limited funds, she went to her school’s student counseling clinic.

Dr. Morris held a clinical associate faculty appointment at the school Lisa attends. For training purposes and in consultation with the student’s supervisor, Dr. Morris agreed to a joint feedback session. Members present for the feedback session were the student who conducted the testing, Dr. Morris, Lisa, and Charles. It was expected that the assessment feedback session would help Lisa and Charles understand how Lisa’s possible impairment may be contributing to her academic failure, overall stress, and difficulties communicating.

During the feedback session, Wayne, the graduate student who administered the assessment, reported that he had initially scheduled the Wechsler Adult Intelligence Scale-IV (WAIS-IV), and the Delis -Kaplan Executive Function System (D-KEFS) for comparative purposes. However, due to reported time constraints, only the WAIS-IV was administered. The results of the WAIS-IV indicated an estimated Full Scale Intelligence Quotient (FSIQ) of 100, a Verbal Comprehension Index (VCI) of 125, and Processing Speed Index (PSI) of 81: Wayne then went on to say to Lisa, “You have a right-hemisphere deficit syndrome, most likely caused by being born premature and being in a neonatal unit for 3 weeks.” Dr. Morris is well aware that a learning disability cannot be accurately assessed with only one assessment measure and a clinical interview. He is also aware that this diagnosis is premature at best; inaccurate and misleading at worst. Lisa, however, seems relieved at this news and reports feeling that “finally things make sense.” At this point, Dr. Morris cautioned that results are not final until the report with the supervisor’s signature is issued.

Upon debriefing, Dr. Morris queried the student regarding his academic training and the extent of supervision he received on this case. The student reported that he is in training for neuropsychology, has had an

assessment course, has discussed the case with his clinical supervisor (not his neuropsychology professor), and felt he is competent to undertake cases such as Lisa's.

Issues of Concern

Wayne thinks he has undertaken appropriate training and is now competent to provide services. Wayne's supervisor must have been under the impression that proper and appropriate supervision had been provided in order to prepare Wayne to conduct a feedback session. The question is at what point a psychologist is considered to have undertaken "relevant education, training, supervised experience, consultation, or study" sufficient to reach a competency level necessary to participate in a client feedback session?

APA Ethics Code

Companion General Principle

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm . . .

Wayne has done harm to Lisa by providing an inaccurate assessment of her possible disability. Dr. Morris has inadvertently done harm by participating in a process that has provided Lisa with inaccurate information.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. . . Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct.

Presumably Dr. Morris, being the treating psychologist, has established a relationship of trust with Lisa and Charles. In cooperating with the doctoral training program and by his presence in the room with Wayne, Dr. Morris lends a certain degree of trust to Wayne. At the same time, Principle B exhorts Dr. Morris to uphold

professional standards, which in this case means confronting Wayne's behavior.

Companion Ethical Standard(s)

Standard 3.04: Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, . . . and to minimize harm where it is foreseeable and unavoidable.

It appears that Wayne is unaware of the harm he has done by his overzealous interpretation of the assessment results which was inadequately supervised and insufficient. Concurrently, Standard 3.04 guides Dr. Morris, who is aware of the harm, to take steps that will minimize the effects of Wayne's inaccurate interpretation and assessment of Lisa.

Standard 7.06: Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision. (b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

Wayne is not supervised by Dr. Morris, is not in a position to be graded by Dr. Morris, and has no other direct relationship with Dr. Morris. Given that Dr. Morris is associated with the training program as faculty and Dr. Morris conducted the joint feedback session in his capacity as an adjunct faculty, Standard 7.06 (b) guides Dr. Morris to give feedback to both Wayne and to the training program regarding Wayne's conduct.

Legal Issues



Massachusetts

Mass 251 Mass. Code Regs. CMR 1.10 (2010). Sanctions. Ethical standards and professional conduct.

. . . (6) In addition to acts prohibited by the *Ethical Principles of Psychologists and code of Conduct* referenced in 251 CMR 1.10(1) . . . ; the following acts are deemed to be grounds for disciplinary action, pursuant to M.G.L. c. 112, § 128:

. . . (c) Jeopardizing the physical or emotional security of a patient or client by engaging in inappropriate diagnostic or treatment procedures . . .

Ohio

Ohio Admin. Code 4732:17-01 (2010).

... (B) Negligence.

(1) A psychologist . . . shall be considered negligent if his/her behaviors toward his/her clients, . . . or students, in the judgment of the board, clearly fall below the standards for acceptable practice of psychology. . .

(C) Welfare of the client.

... (2) Sufficient professional information. A psychologist . . . rendering a formal professional opinion or recommendation about a person shall not do so without substantial professional client information.

(3) Informed client. A psychologist . . . shall give a truthful, understandable, and reasonably complete account of a client's condition to the client. . .

(F) Testing and test interpretation.

(1) Assessment procedures.

... (c) A psychologist . . . shall include in his/her report of the results of a test or assessment procedures any reservations regarding the possible inappropriateness of the test for the person assessed. . .

(3) Test interpretation.

... (b) Test results or other assessment data used for evaluation or classification are communicated . . . in such a manner as to guard against misinterpretation or misuse. . .

(H) Competence.

(1) Limits on practice. A psychologist . . . shall limit his/her professional practice to those specialty areas in which competence has been gained through education, training, and experience. If important aspects of the client's problem fall outside the boundaries of competence, then the psychologist . . . assists his/her client in obtaining additional professional help.

... (6) Referrals. A psychologist or school psychologist shall make or recommend referral to other professional, . . . when such referral is in the best interests of the client.

In both jurisdictions, Wayne's failing to provide an appropriate diagnostic assessment and Dr. Morris's failing to provide adequate supervision about the limitations of the evaluation would violate the laws. Dr. Morris should have recognized that he was acting outside his area of competence, called into question Wayne's interpretation of the data, and referred Lisa to further testing by someone competent to perform the neuropsychological assessment.

Cultural Considerations*Global Discussion*

New Zealand Psychological Society Code of Ethics

2.1. Competence and accountability.

Psychologists recognize the boundaries of their own competence and provide only services for which they are qualified by training and experience. They refer matters outside their areas of competence to appropriately qualified persons.

When Dr. Morris invited Wayne into the therapy setting to discuss the results of the assessment, he assumed responsibility for that feedback; that it came from a student practicing outside the bounds of competence and was inaccurate is now assumed to be under Dr. Morris's license. If the situation occurred in New Zealand, Dr. Morris needed to be competent to conduct assessments for learning disorders specifically and possibly neuropsychological ones as well. If Dr. Morris had not requested the feedback session as part of a therapy session but simply referred Lisa to an outside psychologist or psychometrist who was "appropriately qualified," he would have provided services for which Dr. Morris was qualified and would not then be responsible for this breach occurring.

American Moral Values

1. Given Wayne's inadequate training and the significance of his diagnosis, should Dr. Morris tell Lisa that she should wait for more diagnostic assessment before accepting the testing results being reported by Wayne? Does Dr. Morris have a duty to let Lisa know the truth about the need for further assessment, even if an unsubstantiated diagnosis makes her feel better? Should Dr. Morris disclose that the diagnostic assessment engaged in by Wayne exceeds his level of competence?
2. Will the trust between Dr. Morris, Lisa, and Charles be broken if Dr. Morris initially supports the work of the assessment before raising the limitations about the findings of the assessment? Lisa and Charles could question why Dr. Morris brought Wayne into a joint session. What is the cost of dismissing the student's evaluation as insufficient? What is the cost of not pointing out Wayne's naïveté? Should Dr. Morris express regret to Lisa in having participated in this feedback session without adequate assurance of Wayne's competence?

3. How useful is it to support the results (regardless of the accuracy of the testing and interpretation) if Lisa finds it comforting? Will the explanation Wayne offers affect Lisa's treatment or long-term outlook? What effects justify dispelling that illusion?
4. What is Dr. Morris's responsibility toward Wayne? Does being a senior member of the profession and/or a professor associated with the training program encumber Dr. Morris with authority and responsibility for a problematic student? How should he engage in an appropriate professional interaction in light of the ethical standards and the law of the jurisdiction? Does Wayne need better supervision? Will Dr. Morris be worried about his own professional reputation because of Wayne's actions?

Ethical Course of Action

Directive per APA Code

Wayne is clearly in violation of Standard 2.01 if he proceeded with the feedback session without the full knowledge or consent of his supervisor. However, the issue of concern in this vignette is whether Dr. Morris was competent to take on a quasi-supervisory role with regard to Wayne. Given how the session with Lisa and Charles unfolded, it is doubtful whether Dr. Morris was competent to provide oversight for the interpretation session. Dr. Morris needed to be practicing within the limits of his competence in order to provide supervision/oversight of Wayne's work, and is in violation of Standard 2.01.

To be in compliance with Standard 2.01, Dr. Morris would have had to speak to Wayne before the joint session and have obtained from Wayne the full contents of the completed assessments and the results of the tests. Dr. Morris should have consulted with a colleague about the measures and findings of the evaluation. Finally, Dr. Morris needed to determine what Wayne intended to say to Lisa and temper the remarks so that they would disclose the limitations of the measures and the need for more a sophisticated evaluation.

Dictates of One's Own Conscience

Regardless of how carefully each of us conducts our practice and how hard we strive to practice within the area of our competence, every once in a while some area catches us by surprise. If you somehow were caught off

guard in a joint session with another psychologist, like Dr. Morris, what might you do?

1. Stop the discussion as soon as it goes wayward and defer further discussion about the assessment results until Wayne, his supervisor, and you can come to an agreement about how to provide appropriate disclosures about the findings of the assessment.
2. Let Wayne know that you will be discussing his performance with his academic program.
3. Schedule another session with clients Lisa and Charles and with Wayne's supervisor for the case after the full write-up is complete with supervisor signatures.
4. Lodge a complaint with the psychology program, taking to task both the neuropsychology and clinical supervisors for allowing Wayne to conduct a feedback session before everything had been verified.
5. Ascertain whether the training program has had previous problems with Wayne and, if so, recommend that Wayne be formally disciplined.
6. Do a combination of the previously listed actions.
7. Do something that is not previously listed.

If you were Dr. Morris practicing in New Zealand, the previously listed options would still apply since the guidelines for practicing within one's own competence are not substantially different from those listed by the APA Ethics Code.

STANDARD 2.01: BOUNDARIES OF COMPETENCE

... (d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

A CASE FOR STANDARD 2.01 (D): A Change of Circumstances

Dr. Rogers, working in a community health clinic, inherited Nancy, a chronically mentally ill client who

exhibits symptoms of schizophrenia with fixed delusions of persecution and who has been steadfast in her refusal to take any psychotropic medications. Dr. Rogers likes working with the chronically mentally ill clients and during the course of several months had been successful in encouraging Nancy to engage with her case manager and psychiatrist for medication. As medication took effect and the delusional symptoms cleared, Nancy started reporting intrusive memories of childhood sexual abuse, usually followed by long periods of blank memory. In one session, Dr. Rogers noticed a marked change in Nancy's demeanor. Upon inquiry, the client announced, "Nancy is not here. I'm Karen. I come when Nancy can't handle it anymore."

Dr. Rogers does not necessarily think dissociative identity disorder (DID) is a legitimate diagnosis, has not been trained in the treatment of DID, and does not consider himself competent in treating clients with reported symptoms of DID.

Issues of Concern

At the time that Dr. Rogers began working with Nancy, Dr. Rogers was working well within the boundaries of his competency. However, as the case unfolded, the situation moved outside of Dr. Rogers's area of competency. It can be argued, per Standard 2.01 (a), that at the point where Nancy is stabilized on appropriate medication and Nancy's presenting problem shifts outside of Dr. Rogers's area of competency, Dr. Rogers now should refer Nancy to someone who is competent to work with DID or at least competent to assess whether the diagnosis of DID is warranted.

If Dr. Rogers were able to establish a therapeutic alliance so solid that Nancy was able to engage in treatment that included psychotropic medication, then more likely than not Nancy would expect and ask that her treatment continue with Dr. Rogers. Although the APA Ethics Code would support Dr. Rogers in transferring Nancy to a competent treatment provider of DID, would Nancy experience such a transfer as abandonment? Would a client feel betrayed and abandoned under certain circumstances, even as clinical psychologists move to comply with psychology ethical standards?

APA Ethics Code

Companion General Principle

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work.

Aspiring not only to establish but also to keep the trust with those with whom we work, Principle B guides Dr. Rogers to build Nancy's trust. In this situation, would Dr. Rogers's retention of Nancy as a client, even in an area of practice in which he is not competent, best enable Dr. Rogers to uphold Principle B?

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm.

Aspiring to practice in such a way as to provide benefit to Nancy, Dr. Rogers is faced with deciding how best to uphold Principle A. By keeping to Standard 2.01 (a) as the best way to uphold Principle A, Dr. Rogers may harm Nancy through creating a sense of abandonment. By aligning to the value of Fidelity as the best way to uphold Principle B and not transferring Nancy to another psychologist for treatment, Dr. Rogers may harm Nancy by providing services in an area in which he is not competent.

Companion Ethical Standard(s)

Standard 2.04: Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

Although DID is a controversial diagnosis, it is recognized in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* as a mental disorder (Piper & Merskey, 2004). There has been debate about the diagnostic criteria for DID (Davidson & Foa, 1993; Dell, 2001; Spiegel, 2001). Individual psychotherapy is the treatment of choice for individuals suffering from any type of dissociative disorder and emphasizes the integration of the various personality states into one, cohesive whole personality (International Society for Study of Dissociation, 2005; Kluft, 1999).

Since individual psychotherapy is the treatment of choice, Dr. Rogers appears to be well situated to provide such service. Per Standard 2.01 (d), Dr. Rogers may continue treatment of Nancy if he undertakes "training, consultation or study" to obtain the necessary competency.

Standard 2.01: Boundaries of Competence

... (e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist,

psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients . . . from harm.

Dr. Rogers might argue that since he does not necessarily think DID is a substantiated diagnosis, thus no adequate course of treatment is yet known. Standard 2.01 would counter such argument with directive that Dr. Rogers take reasonable step to ensure that this work with Lisa was done competently so to ensure treatment does not cause Lisa harm.

Legal Issues



Wisconsin

Wis. Admin. Code Psy. § 5.01 (2010). Professional conduct.

The practice of psychology is complex and varied and, therefore, allows for a broad range of professional conduct. The following acts constitute unprofessional conduct by applicants for licensure and licensees of the board and are prohibited. Complaints regarding these acts shall be investigated and may lead to disciplinary proceedings.

. . . (4) Performance of professional services inconsistent with training, education, or experience.

Missouri

Mo. Code Regs. Ann. tit. 20, § 2235-5.030 (2010). Ethical rules of conduct.

. . . (3) *Competence.*(A) Limits on Practice. The psychologist shall limit practice and supervision to the areas in which competence has been gained through professional education, training derived through an organized training program and supervised professional experience. If important aspects of the client's problems fall outside the boundaries of competency, then the psychologist shall assist his/her client in obtaining additional professional consultation.

In both jurisdictions, Dr. Rogers may be engaging in practice outside of his level of competence. Missouri more clearly establishes the path to avoid violating the law. Dr. Rogers should obtain consultation from a fellow psychologist competent in the evaluation and treatment of DID. His client should be involved in this process so that Dr. Rogers will not seem as if he is abandoning his client. It is likely that both jurisdictions would view this approach as sufficient for engaging in the continued care of his client.

Cultural Considerations

Global Discussion

Canadian Code of Ethics for Psychologists

Principle II: Responsible caring; competence and self-knowledge.

II.8. Take immediate steps to obtain consultation or to refer a client to a[n] . . . appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.

The code states that once it is clear a client's problems are beyond a psychologist's experience or competence, the client may either be referred or sufficient consultation should occur. The course chosen should be whichever seems most likely to provide the client with more competent service.

American Moral Values

1. How does Dr. Rogers view the act of referring Nancy to someone trained to treat DID? Is he abandoning his client? Will Nancy view it as abandonment, threatening the progress she has made with medication?
2. What kind of responsibility does Dr. Rogers feel for Nancy? Does he take responsibility for her taking medication and beginning to exhibit symptoms of DID? Does he want to "follow through" with the effects that have emerged from his treatment recommendations (regardless of whether they were foreseeable)?
3. Does Dr. Rogers consider the good and bad effects that staying with Nancy might have on his career? Will she give him valuable experience? Assuming she does command such an interest, should Dr. Rogers consider whether his reluctance to let her go might be due to his professional interest in her case?
4. Does Dr. Rogers think he has a provider trained in DID who could establish rapport with Nancy? Will that provider be able to maintain her willingness to take medication? Is Nancy's ability to pay, given her reliance on a community health clinic, a problem for such a referral?

Ethical Course of Action

Directive per APA Code

Standard 2.01 (d) directs what to do when psychologists find themselves needing to practice outside

their competency. Standard 2.01 also holds that the psychologist is being “asked to provide services for whom appropriate mental health services are not available.” If Dr. Rogers was practicing in a city, it is very doubtful that appropriate mental health services through a psychologist competent in treating DID would not be available. Thus, Standard 2.01 would direct Dr. Rogers to transfer Nancy to another psychologist. Now let us presume that based upon the case history, Dr. Rogers, his supervisor, and the agency management believe in the argument that no other psychologist has been able to make a therapeutic working alliance with Nancy, thus other “appropriate mental health services are not available.” In this case, Standard 2.01 directs Dr. Rogers to acquire the competency through using “relevant research, training, consultation, or study.” This might include taking CE workshops, reviewing the published literature or seeking consultation from someone who is competent to treat DID.



Dictates of One's Own Conscience

It is not unusual for cases to evolve as treatment progresses and thus psychologists are faced with some new area of treatment necessity. The arguments for transfer are as sound as arguments for not transferring a client when treatment evolves away from the original presenting complaint. What would you do?

1. Discuss the matter with the agency director and do whatever the agency decides.
2. Uphold Standard 2.01 and do the following:
 - a. Refer the client to the most knowledgeable person in treatment of DID within a 25-mile radius, regardless of where this person works or whether she has transportation.
 - b. Refer the client to someone else within the agency who is better trained in DID.
3. Protect the value of the therapeutic alliance by continuing treatment with Nancy, but do the following:
 - a. Obtain a new supervisor who is knowledgeable about DID.
 - b. Obtain peer group consultation and collectively take on the study of DID.
 - c. Read a book on DID and develop another treatment plan from the details of the book.
 - d. Attend continuing education (CE) workshops on DID.

4. Monitor self-level of competence, discuss with the client the pros and cons of transferring, and develop steps to evaluate and treat the possible emergence of DID in consultation with a supervisor competent in the area of DID.
5. Do a combination of the previously listed actions.
6. Do something that is not previously listed.

If you were Dr. Rogers practicing in Canada, would you refer the client to another therapist who is competent to treat DID as the Canadian code specifies that Dr. Rogers is to take whichever course of action is more likely to result in providing the client with competent service?



STANDARD 2.01: BOUNDARIES OF COMPETENCE

... (e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

A CASE FOR STANDARD 2.01 (E): Touch?

Dr. Reed is a clinical psychologist in partnership with Dr. Cook, a naturopathic physician. Dr. Reed has signed a partnership agreement with Dr. Cook that in-office referrals for psychotherapy, including “alternative and complementary modalities” will be part of her expected work contract. Both professionals practice in a jurisdiction that by law permit health care providers with different scopes of practices to engage in a business partnership. As part of a team treatment plan, Angela has been referred to Dr. Reed. Angela has revealed to Dr. Cook that she has emerging memories of being sexually abused as a child, based on significant gaps in her memory, a series of progressively more violent and bizarre dreams, emergent anger at her family members, and current physical pain and feelings of panic during sexual relations with her partner. During Angela’s first session with Dr. Reed, Angela focused on the physical pain during sexual intercourse. Dr. Reed recommended “somatic therapy” for treatment of the pain. When

Angela inquired about the nature of somatic therapy, Dr. Reed said it's proven to be helpful and she has successfully treated many patients with Angela's complaints when she was a massage therapist.

Issues of Concern

Dr. Reed holds two licenses, one as a massage therapist and one as a psychologist. Dr. Reed has gained additional knowledge and expertise by virtue of her licensure as a massage therapist. Unquestionably, skills and knowledge from previous training transfer to subsequent training. However, does holding two different licenses give permission for Dr. Reed to blend the two practices in such a manner that is not generally recognized by either psychology or massage therapy? Could Dr. Reed argue that somatic therapy is an emerging treatment specialty or a treatment art form only for those select practitioners who are dually licensed in massage and psychology?

APA Ethics Code

Companion General Principle

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not . . . engage in . . . intentional misrepresentation of fact.

Aspiring to Principle C, Dr. Reed would endeavor to describe somatic therapy accurately and say nothing that could be interpreted as intentional misrepresentation of fact. This means that Dr. Reed would need to let Angela know that somatic therapy is neither a standard nor proven course of treatment for pain during intercourse. Dr. Reed's saying "it's proven to be helpful" is misleading given that she is now a clinical psychologist and Angela was referred to her in her role as a clinical psychologist, not as a massage therapist. As a psychologist who has read the literature from both fields, Dr. Reed can accurately characterize any limitations in the methodology of studies that have emerged about somatic therapy. Such limitations would likely lead to a more circumspect description of the efficacy of somatic therapy.

Principle A: Beneficence and Nonmaleficence

Psychologists . . . take care to do no harm.

As directed by Standard 2.01 (e) when providing treatment in "emerging" areas, the overarching principle that should guide psychologists as we do our work is Principle A: Nonmaleficence. In aspiring to uphold Principle A, Dr. Reed would endeavor to continually monitor the treatment progress to assure no harm comes to Angela as a result of the somatic therapy treatment.

Companion Ethical Standard(s)

Standard 3.10: Informed Consent

- (a) When psychologists . . . provide . . . therapy . . . they obtain the informed consent of the individual . . .
- (d) Psychologists appropriately document written or oral consent . . .

In providing treatment that is outside of standard and customary services, it is especially important for Dr. Reed to inform Angela of the nature of treatment and obtain consent from Angela for somatic therapy. Standard 3.10 (d) directs Dr. Reed to document such consent.

Standard 10.01: Informed Consent to Therapy

- (a) When obtaining informed consent to therapy . . . psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy . . .
- . . . (b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation.

Building on Standard 3.10 (a) and (d) Standard 10.01 (a) directs Dr. Reed to explain somatic therapy at the beginning of the treatment relationship. This means that when Dr. Reed introduced the idea of somatic therapy and Angela inquired about the nature of it Dr. Reed should thoroughly explain the treatment and any methodological concerns that warrant viewing such an approach as nonstandard. Standard 10.01 (d) directs such an explanation and the potential risks and possible alternative treatments available to Angela.

Standard 2.04: Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

Having followed the directives of Standard 10.01 and 3.10, Dr. Reed can proceed following the directives of Standard 2.04. Standard 2.04 directs Dr. Reed to proceed with the experimental somatic therapy based on her knowledge of the standards of the profession and the established scientific knowledge.

Legal Issues



Michigan

Mich. Admin. Code r. 338.2515 (2010). Prohibited conduct.

Rule 15. Prohibited conduct includes, but is not limited to, the following acts or omissions by any individual covered by these rules:

... (c) Taking on a professional role when ... professional, ... relationships could impair the exercise of professional discretion or make the interests of a patient, ... secondary to those of the licensee.

Oregon

Or. Admin. R. 858-010-0075 (2010). Code of professional conduct.

The Board adopts for the code of professional conduct of psychologists in Oregon the American Psychological Association's "Ethical Principles of Psychologists and Code of Conduct" effective June 1, 2002.

Both jurisdictions would likely find that Dr. Reed engaged in ethical violations. If Dr. Reed indicated to Angela the methodological concerns that warranted viewing such an approach as nonstandard and provided her the opportunity to check with other health care professionals about the purposed approach, then if Angela had consented to proceed, Dr. Reed could engage in the nonstandard treatment. To further protect against the licensing boards finding ethical violations had occurred, Dr. Reed also could engage in ongoing consultation with another psychologist so that accurate appraisals of the efficacy of the nonstandard approach could be documented.

Cultural Considerations

Global Discussion

Lithuanian Psychological Society Code of Ethics

... e) Psychologist shall not use the techniques that have not been fully developed yet, or that do not answer basic

methodological requirements; but in case Psychologist does use them, he/she shall not overlook their experimental character and avoid making conclusion that are not guaranteed by said techniques.

If Dr. Reed combined two separate disciplines in a new way that is outside both scopes of practice, she is clearly working with an approach of an experimental nature. In Lithuania, if Dr. Reed chooses to practice somatic therapy with her client, she must make her client aware both of the experimental nature of the intervention and possible risks as well as benefits.

American Moral Values

1. Is it right to use massage therapy while working under contract as a psychologist, both for Angela and for her partner Dr. Cook? Would Dr. Cook have understood "alternative modalities" to include a practice like "somatic" touch therapy? Does their contract implicitly give Dr. Reed the authority to judge whether such a therapy is appropriate?
2. Do the regulations governing licensing, as well as her particular contract with Dr. Cook, override the clinician's desire to find a successful treatment for Angela? Does professional integrity require Dr. Reed to treat Angela within the scope of both of her licenses, or should she refer her client to another competent somatic therapist?
3. Does the practice of clinical psychology pay enough attention to the "body" in relation to the mind? Does Dr. Reed feel that massage therapy has not been given enough respect by the field? Could she use it to treat Angela on the principle that it is an as-yet-unrecognized complementary modality?
4. What is the moral importance of transparency for the client in terms of knowing her psychologist's qualifications? Can Dr. Reed let Angela make the decision, based on a full understanding of Dr. Reed's separate training and qualifications for both licenses?
5. Does Dr. Reed risk undermining Angela's trust in Dr. Cook, given that Angela was referred by Dr. Cook to Dr. Reed as a psychologist? Is Dr. Reed undermining either Angela or Dr. Cook's trust in the profession of psychology?
6. How does Dr. Reed handle the ambiguous status of emerging practices, where no definite system of accountability and supervision exists? Should she obtain supervision as a way of being accountable to her patient and herself?

Ethical Course of Action

Directive per APA Code

Given that she is combining the knowledge from two disciplines, where the treatment is not standard for either profession, Dr. Reed has stepped into an emerging area of treatment. Standard 2.01(e) directs Dr. Reed to “take reasonable steps to ensure the competence of their work and to protect clients/patients . . . from harm.” This means Dr. Reed should probably take extra measures to ensure the competence of her work, perhaps by arranging for extra consultation with both the naturopath, colleagues who are practicing massage therapists as well as other psychologists.

Dictates of One's Own Conscience

Having explained somatic therapy to Angela, what would you then proceed to do?

1. Proceed with treatment at the point where the vignette leaves off.
2. Provide an opportunity for Angela to understand what she is giving consent to by asking that Angela go home and think about the nature and limitations of somatic therapy and consult with her other health care providers before starting treatment.
3. Try to persuade Angela by bringing in additional supporting literature.
4. Refer Angela back to Dr. Cook for further consultation.
5. Inspire credibility by proceeding to provide treatment with confidence.
6. Assemble a supervision team consisting of a massage therapist and a psychologist to jointly supervise the treatment of Angela and then proceed with somatic therapy.
7. Do a combination of the previously listed actions.
8. Do something that is not previously listed.

If you were Dr. Reed dually licensed and practicing in Lithuania, what would you do? Beyond those already listed, the additional activities would include the following:

1. Explain to Angela that the treatment has potential to help, not that it has been successfully used in the past.

2. Regardless of whether treatment was successful or not for Angela, you would avoid ascribing positive or negative attributes to the technique or generalizing to other similar situations, without further study.

STANDARD 2.01: BOUNDARIES OF COMPETENCE

. . . (f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

A CASE FOR STANDARD 2.01 (F): Lesbian No More

Melissa referred herself to Dr. Morgan for depression. Melissa has decided to divorce her husband because she believes herself to be gay and is no longer willing to be married to a man. She told Dr. Morgan that this has been a tremendously difficult situation and that she is afraid of losing custody of her two small children because her husband will accuse her of being “sick” or “evil.” Melissa reported that her marriage has been otherwise “fine” and that her husband has not been abusive or unfaithful and is very loving and devoted to her. Dr. Morgan stated that many gay people do not have the same parental or custodial rights as heterosexual people and that she will likely lose the support of her church, putting her at risk for increased stress and depression. He cited current research showing that gay people are at greater risk for depression, substance abuse, suicidality, and discrimination. He suggests Melissa undergo conversion therapy, at the conclusion of which Dr. Morgan would submit a parenting custody evaluation on her behalf.

Dr. Morgan negotiates a forensic role from the start of his treatment relationship with Melissa in which his sole focus in treatment is to enable him to act as a positive force in the forensic arena. In the course of treatment leading up to his writing a parenting custody evaluation, he referred Melissa to publications that reported on the successful treatment of homosexual tendencies. Dr. Morgan's conceptualization of the case is that the source of Melissa's suffering is related to her fears of committing more fully to her marriage, her low self-esteem about herself as a wife and a mother, and depression that is unrelated to her desires to explore

relationships with other women. Further Dr. Morgan contextualized the field's negative stance on conversion therapy as being based on political correctness, not on helping clients suffering from homosexuality.

After Melissa successfully underwent conversion therapy, she decided not to divorce her husband and at that point ended treatment with Dr. Morgan. Shortly afterward, she joined a local conversion therapy support group. Listening to other members of the group, she came to understand the nature of the controversy. She decided to go into psychotherapy with another psychologist who has expertise in gay and lesbian identity concerns. After a few sessions, Melissa contacted Dr. Morgan again, told him how she feels betrayed by him, and is considering reporting him for malpractice.

Issues of Concern

Dr. Morgan assumes a forensic role from the very start of a professional relationship with Melissa because the totality of the treatment is for the purpose of writing a custody parenting evaluation. Regardless of what Dr. Morgan assumes, the question is whether Dr. Morgan engaged in both a therapeutic and a forensic role with Melissa. Standard 2.01 (f) directs Dr. Morgan to be "familiar with the judicial or administrative rules governing their roles." Dr. Morgan would refer to the rules in the state he is both licensed and practicing.

APA Ethics Code

Companion General Principle

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm.

It can be argued that Dr. Morgan thinks his treatment plan was the best course of action to not only help Melissa with her depression but also ultimately help Melissa live a normal and productive life. In his conceptualization of Melissa, Dr. Morgan formulated a treatment plan that aspires to Principle A.

Principle E: Respect for People's Rights and Dignity

Psychologists are aware of and respect . . . differences, including those based on . . . sexual orientation, . . . and

consider these factors when working with members of such groups.

Dr. Morgan's conceptualization of Melissa's problem did not uphold Principle E in that he did not respect Melissa's sexual orientation. His treatment was aimed at altering Melissa's sexual orientation by having her undergo conversion therapy.

Companion Ethical Standard(s)

Standard 2.04: Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

Homosexuality per se is not a mental disorder as evidenced by the absence of diagnosis in the *DSM-IV* (American Psychiatric Association, 2000). The APA's Task Force on Appropriate Therapeutic Responses to Sexual Orientation found no studies of adequate scientific rigor to conclude whether or not recent sexual orientation change efforts (SOCE) do or do not work to change a person's sexual orientation (APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009).

Dr. Morgan's suggestion of conversion therapy violated Principle A: Nonmaleficence in two ways. Harm came from Dr. Morgan's suggestion of an unproven treatment, conversion therapy. Harm also came from Dr. Morgan suggesting treatment for a condition that is considered within the normal range of human behavior. By treating Melissa's homosexuality, Dr. Morgan has violated Principle E: Respect for People's Rights and Dignity which includes a person's sexual orientation

Standard 3.05: Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and . . .

. . . (1) at the same time is in another role with the same person. . . A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to . . . risks . . . harm to the person with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

Melissa has sought out treatment services from Dr. Morgan. Dr. Morgan inserts a forensic evaluative role into the treatment relationship. Dr. Morgan is engaged

in a multiple relationship as defined by Standard 3.05 (a) (1). Though Standard 3.05 does not categorically prohibit multiple relationships, it does caution against such relationship if it is expected to harm the client in some way. As time passes and Melissa becomes more knowledgeable about her own condition and comes to understand the unsubstantiated treatment merit of conversation therapy, it appears that she thinks she has been harmed. It appears that Dr. Morgan is in violation of Standard 3.05.

Legal Issues



Washington

Wash. Admin. Code § 246-924-359 (2009). Client welfare.

... (3) *Stereotyping.* In their work-related activities, psychologists do not engage in unfair discrimination based on ... sexual orientation ...

Wash. Admin Code § 246-924-445 (2009). Parenting evaluations—Standards.

Psychologists may be called upon to evaluate members of a family to assist in determining an appropriate residential arrangement, parental duties, or parental relationship with respect to a minor child. These rules establish minimum standards for conducting parenting evaluations. The psychologist must perform the evaluation focusing on the best interest of the child. . .

... (3) In conducting parenting evaluations, the psychologist shall not discriminate based on ... sexual orientation. . .

... (7) The psychologist shall not have provided therapeutic services to any party involved in the evaluation. . .

Florida

Fla. Admin. Code Ann. r. 64B19-18.007 (2010). Requirements for forensic psychological evaluations of minors for the purpose of addressing custody, residence or visitation disputes.

... (3) It is a conflict of interest for a psychologist who has treated ... any of the adults involved in a custody or visitation action to perform a forensic evaluation for the purpose of recommending with which adult the minor should reside, which adult should have custody, or what visitation should be allowed. Consequently, a psychologist who treats ... any of the adults involved in a custody or visitation action may not also perform a forensic evaluation for custody, residence or visitation of the minor. . .

Dr. Morgan's engaging in therapy with Melissa then writing a letter to the courts is considered two separate professional roles: first that of a treating psychologist and the other a forensic psychologist. According to Washington and Florida laws, Dr. Morgan's conduct is in violation of their administrative codes. Evaluation for a child custody case would be viewed as an unethical infraction under each jurisdiction's rules. In Washington, Dr. Morgan also would be viewed as stereotyping his client and engaging in unethical treatment on the basis of his personal prejudice rather than any research findings that are supported by methodologically sound research.

Cultural Considerations

Global Discussion

The Professional Board for Psychology Health Professions Council of South Africa: Ethical Code of Professional Conduct (April 2002)

2.6 Multiple relationships.

2.9.1. A multiple relationship occurs when the psychologist is in a professional role with a person/organisation and (1) at the same time is/was in another role with the same person. . .

2.9.2. Psychologists shall refrain from entering into a multiple relationship if the multiple relationships could reasonably be expected to impair the psychologists' objectivity, competence, or effectiveness in performing their functions as psychologists. . .

7. Psycho-legal activities; 7.5. Conflicting roles.

In most circumstances, psychologists shall avoid performing multiple and potentially conflicting roles in psycho-legal matters. When psychologists may be called on to service in more than one role in a legal proceeding (for example, as consultant or expert for one party or for the court and as a fact witness) they shall clarify role expectations and the extent of confidentiality in advance to the extent feasible, in order to avoid compromising their professional judgment and objectivity.

If Dr. Morgan was practicing in South Africa, he would be in violation of their ethics code by assuming a dual role with his client and secondly by not clarifying the expectations of each role, as well as the limits to confidentiality to his client at the outset of their work together. Because Dr. Morgan appointed himself to

this dual role, rather than having it court ordered or mandated by law, he is in violation of the boundary of competence. Dr. Morgan's dual role as both treating and forensic psychologist, as well as his use of the controversial technique of conversion therapy, can be considered a significant enough impairment to his professional objectivity and effectiveness as to risk potential harm to his client, Melissa.

American Moral Values

1. Can Dr. Morgan uphold his promised primary role as a forensic psychologist while suggesting conversion therapy as a more conventionally therapeutic role? Is the therapeutic device a form of blackmail—that is, he will only write the letter if the therapy is accepted? Or is he following his conscience in setting out a condition for his letter to be written?
2. What is Dr. Morgan's moral view of homosexuality, and how does that relate to his therapeutic view of why homosexuality is harmful to Melissa's mental health? Is his moral judgment influencing his recommendation for conversion therapy? Is his evidence for conversion therapy enough to demand Melissa's participation? Is the citation of "many gay people" not having equal parenting rights sufficient evidence for Melissa's decision? How does Dr. Morgan interpret the selected "current research" that he believes shows mental health problems for homosexuals? Could the society's oppressive attitudes and practices (perhaps like those of Dr. Morgan himself) help account for those statistics?
3. Do Dr. Morgan's arguments about homosexuality and depression have validity? Or does his treatment represent the type of behavior that makes life for homosexuals more difficult to begin with? Can one argue for conversion therapy without being homophobic?
4. How does Dr. Morgan's view of women factor into his recommendations? Are women uniquely committed to children and spouses, disposed to low self-esteem without them?
5. How should Dr. Morgan consider Melissa's fears about her husband? Is she in an abusive marriage if she fears being called "sick" and "evil"?
6. What is the moral implication of the term *political correctness*? What is the importance of fighting political correctness, and when is it an excuse to air views without apology or reasoning?

Ethical Course of Action

Directive per APA Code

As directed by Standard 2.01, it is clear that Dr. Morgan was not "reasonably familiar with the judicial or administrative rules governing their roles." One would hope that Dr. Morgan has a consultation group with whom he discusses cases and is obtaining guidance that would help him avoid future threats of grievances. Having provided treatment to Melissa that violated Standard 2.01 and other standards, Dr. Morgan is vulnerable to findings of unethical behavior should Melissa decide to proceed with her grievance.



Dictates of One's Own Conscience

If you were Dr. Morgan and faced with an angry ex-client, what would you do?

1. Offer Melissa a free session to tell you more of what is on her mind.
2. Reason that since Melissa decided not to go through with the divorce and you did not write a custody evaluation that Melissa has no grounds for a successful complaint.
3. Thinking that Melissa is angry about the conversion therapy, continue to defend the recommendation and to say that it was ultimately Melissa's decision to engage in conversion therapy.
4. When Melissa calls, apologize to her for having caused her additional pain if between the end of Melissa's treatment and the time of the phone call your teenage son comes home from college and said, "Dad, I have to tell you something. I found out that I am gay." Having lived through the many discussions with your son, you have changed your mind about conversion therapy.
5. Do a combination of the previously listed actions.
6. Do something that is not previously listed.

If you were Dr. Morgan practicing in South Africa, the previously listed options would still apply since the guidelines for treatment and forensic practice are not substantially different from those listed by the APA Ethics Code.



STANDARD 2.02: PROVIDING SERVICES IN EMERGENCIES

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

A CASE FOR STANDARD 2.02: First Responder

Dr. Bell is employed full-time as an associate professor in a small undergraduate liberal arts college. Of the three psychology faculty at the college, she is the only licensed psychologist while others are nonclinical psychologists. Her training and dissertation is in gifted adolescents with learning disabilities. The college is located in a very small rural township in the Midwest and is a 2-hour drive from the nearest town.

On Sunday, the campus awoke to the news that one of the fraternity houses had an all-night party and a freshman woman was found dead. Dr. Bell is asked by the president of this small college to enter into the fraternity house and freshman dormitory that day to conduct crisis grief counseling for the students.

Issues of Concern

Does Standard 2.02 allow for, or direct, Dr. Bell to coordinate a response in the absence of any other service providers who are competent to provide a comprehensive crisis response? Would the possibility of Dr. Bell's potential mishandling of the situation, including the risk of more trauma for members of the community, guide Dr. Bell to decline the college president's request?

APA Ethics Code

Companion General Principle

Principle B: Fidelity and Responsibility

They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.

Aspiring to uphold Principle B, Dr. Bell would consider herself as holding a professional responsibility to the university community in which she works. This means that Dr. Bell should provide any assistance she could in this situation. Since she appears to be the only trained clinical psychologist within a 2-hour radius, her professional responsibility would extend to the work of helping coordinate and provide direct crisis intervention to the students in the college.

Principle A: Beneficence and Nonmaleficence

In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons.

Sentence two of Principle A would guide Dr. Bell to proceed with awareness on safeguarding the welfare of the students, faculty, and staff of the university.

Companion Ethical Standard(s)

Standard 2.01: Boundaries of Competence

(a) Psychologists provide services . . . in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

Clearly, crisis response and grief work is not within Dr. Bell's areas of competence. Thus to follow the dictates of Standard 2.01 (a), Dr. Bell would be required to decline the president's request to take a leadership role in the campus response to the tragedy of a young woman's death.

Standard 2.01: Boundaries of Competence

. . . (d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

Standard 2.02 appears to focus the psychologist's attention on the emergency and indicates that temporarily Standard 2.02 supersedes the requirement for competency as required in Standard 2.01 (a) and (d).

The difference between Standards 2.02 and 2.01 (a)/(d) is the temporary nature of providing assistance in an emergency.

Standard 3.05: Multiple Relationships

... (c) When psychologists are required by... extraordinary circumstances to serve in more than one role in... administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

In this situation, with the request of the university president, it can be construed that Dr. Bell is required by extraordinary circumstances to serve in more than one role. The extraordinary circumstance is the death of a young woman in a very remote college town. The multiple roles involve the role of faculty, the role of administrator responding to tragic circumstances, and the role of a clinical psychologist providing direct treatment. Standard 3.05 directs Dr. Bell to clarify the extent of confidentiality. This may allow Dr. Bell to avoid possible future problematic dilemmas including any necessary actions she may have to take should she learn from the students that the death was not accidental and information that may directly lead to the identification of the perpetrator(s).

Standard 3.07: Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved.

This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality (see also Standard 3.05: Multiple Relationships and Standard 4.02: Discussing the Limits of Confidentiality).

It behooves Dr. Bell to have a conversation with the university president (considered the third party in the language of Standard 3.07) to clarify not only her role but also the possible use of the information revealed by the students should she be providing direct treatment and intervention.

Standard 4.02: Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons... and organizations with whom they establish a... professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities...

... (b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

As directed by Standard 4.02, at the onset of contact with students, Dr. Bell is to discuss with them the following items: how the university might use any information revealed to Dr. Bell by students and under what circumstances Dr. Bell may reveal confidential information told to her in either private or group sessions in regards to the death of the student.

Standard 10.03: Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

More likely than not, should Dr. Bell take a leadership role in the university's response to the tragedy, she would find herself holding group sessions where students discuss their reactions and future implications of the tragedy and of the circumstances surrounding a fellow student's death. As in any case where treatment is provided, clarification of roles and limits of confidentiality are required by Standard 4.

Legal Issues



New Jersey

N.J. Admin. Code § 13:42-10.4 (2010). Professional responsibilities to... the public.

... (d) A licensee shall maintain competence consistent with professional responsibilities, including the following:

... 5. A licensee shall practice only in his or her area of competence, consistent with his or her training, experience, education or supervision, and shall make appropriate referrals to practitioners of related or other professions.

California

Cal. Code Regs. tit. 16, § 1396 (2010). Competence.

A psychologist shall not function outside his or her particular field or fields of competence as established by his or her education, training and experience.

The laws of both jurisdictions would preclude the psychologist conducting such crisis intervention in light of her lack of training and experience. Neither state permits providing services, probably even in emergencies, that are beyond a psychologist's competence.

Cultural Considerations

Global Discussion

British Psychological Society Code of Conduct, Ethical Principles and Guidelines

1. Competence.
- 2.4. If requested to provide psychological services, and where the services they judge to be appropriate are outside their personal competence, give every reasonable assistance towards obtaining those services from others who are appropriately qualified to provide them.

If Dr. Bell was practicing in Britain, the code clearly guides her to put her energy toward finding psychologists or other mental health providers trained to provide crisis counseling for the college students, rather than assuming such a role herself.

American Moral Values

1. How does Dr. Bell weigh the importance of treating others within one's area of competence against her academic community's need to grieve and mourn a death? Does a crisis involving death and communal grief mandate a more involved response by Dr. Bell than she would otherwise attempt? How does the context of grief and death affect Dr. Bell's professional assessment of her abilities and proper role? Would acting outside of her competence, even if there were no qualified specialists able to lead grief counseling, be more harmful for the college than if no counseling were offered at all?
2. How does Dr. Bell evaluate the community's need to come together in order to heal after death? Is the mutual support and emotional cohesion of the community important enough to risk unqualified

leadership in grief counseling? Would Dr. Bell's attempt itself, as a gesture witnessed by the community, be more constructive than them seeing a licensed psychologist refuse to lead?

3. What is Dr. Bell's responsibility for representing psychology and other psychologists to the university? Will her actions have magnified consequences for how the university community thinks about the field and its practitioners? Does this underscore the importance of having a well-trained psychologist lead the counseling?
4. Does Dr. Bell see her choice as between acting (leading) and not-acting (declining the invitation to lead)? How does this relate to the APA principle of "First, do no harm"? Does that imply being more cautious instead of gambling for a greater "help"? Or is noncompetent intervention a more reckless act, both in the present and as an example, than restraint?

Ethical Course of Action

Directive per APA Code

Standard 2.02 allows for Dr. Bell to respond affirmatively to the university president's request. It states that a psychologist "may" provide . . . The word *may* is a permissive stance, not a directive stance as would be implied in the use of the words *must* or *shall*. Thus Dr. Bell is free to decide whether to take on a leadership role and/or direct service role in the campus emergency, at least until either the emergency ends or such time as other appropriate services are available. However, if the university were located in New Jersey, California, or Great Britain, Dr. Bell would be in violation of the law if she were to provide services of any kind in her current professional capacity.



Dictates of One's Own Conscience

Standard 2.02 does not give clear directives as to whether Dr. Bell should or should not step into the situation as requested by the university president. Thus Dr. Bell needs to decide based on circumstances and her own moral values as to how best to position herself in the campus community. If you were Dr. Bell, what would you do?

1. Consider it important to be an involved citizen, and provide aid in whatever manner possible; say yes to the president's request, and take whatever action you deem appropriate.
2. Be ever-mindful of the advantages of compliance to authority or at least the disadvantages of crossing someone in authority, decide to say yes to the president's request, and hold a few meetings in the dormitories with whichever students decide to attend.
3. Align with the British code, and decide to give "reasonable assistance" by immediately driving the 2 hours to the nearest town and return with qualified mental health professionals.
4. Get on the Internet and do a very quick read-up on the best practices for emergency response to death in a community, and proceed to follow the directions for best practice.
5. Call a colleague who has some expertise in the area and ask for assistance, then follow whatever instructions given by the colleague.
6. Find someone with expertise, and give the name of this psychologist to the president.
7. Tell the university president it's against your ethics code to practice outside your competency and go back to bed.
8. Proclaim incompetence, make it known that you are ethically bound not to practice outside your area of competency but should the university president order it you would do your best (per Standard 1.03), thus absolving yourself of any responsibility for negative consequences of your actions.
9. Do a combination of the previously listed actions.
10. Do something that is not previously listed.

If you were Dr. Bell teaching in England, what would you do?

1. Tell the president of the university that you will make contact with psychologists who are competent to handle such situations and will get back to him shortly.
2. Contact your colleague who is an expert in crisis mental health, and arrange for this colleague to teleport into the community to organize response effort.
3. Under no circumstances would you attempt to provide services yourself.

STANDARD 2.03: MAINTAINING COMPETENCE

Psychologists undertake ongoing efforts to develop and maintain their competence.

A CASE FOR STANDARD 2.03: I Meant to Do It (Really, I Did)

Dr. Murphy, being a bit overwhelmed by his very busy schedule, renewed his state psychology licensure without checking for documentation but knew surely that he had attended and acquired the necessary CE credits in the past year. Unluckily, his renewal was randomly drawn to submit proof of CE credits. Dr. Murphy was alarmed to discover that he actually had not accumulated the required number of CE credits through attendance at CE events. However, Dr. Murphy reasoned that he has done enough reading of self-help books to qualify for self-guided CE credits.

Issues of Concern

Not checking to make sure one has accumulated sufficient CE credits to maintain licensure is sloppy practice but a mistake that ethical psychologists may make. Does Dr. Murphy's next step of retroactively claiming reading of commercial self-help books meet either the spirit or the letter of the requirement to maintain competence? Has Dr. Murphy lied by claiming self-guided CE learning?

APA Ethics Code

Companion General Principle

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the . . . practice of psychology. In these activities psychologists do not . . . engage in fraud . . . or intentional misrepresentation of fact.

Does Dr. Murphy's action constitute intentional misrepresentation of fact? Does such a "white lie" harm any of Dr. Murphy's clients? Responding to the inquiry by claiming readings in such a way that it appears he fulfilled the CE requirement, Dr. Murphy misrepresents



how many CE credits he has accumulated and thus is in violation of Principle C.

Principle B: Fidelity and Responsibility

Psychologists . . . accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm.

Aspiring to the spirit of Principle B, Dr. Murphy would respond to the inquiry with a statement that indicates he has not accumulated sufficient CE workshops. He would uphold Principle B if he reported reading of self-help books and inquired whether such effort fulfills the CE requirement. If not, he must be willing to undertake whatever remedial actions his state licensing board advises.

Companion Ethical Standard(s)

No other relevant or conflicting standards apply in this situation.

Legal Issues



Virginia

Va. Code Ann. § 54.1-3606.1 (West 2009).

Continuing Education.

A. The board shall promulgate regulations governing continuing education . . . such regulations shall require the completion of the equivalent of fourteen hours annually in board-approved continuing education courses for any license renewal or reinstatement after the effective date.

. . . C. . . Applicants for renewal or reinstatement of licenses issued pursuant to this article shall retain for a period of four years the written certification issued by any course provider.

18 Va. Admin. Code § 125-20-160 (2010). Grounds for disciplinary action or denial of licensure.

The board may take disciplinary action or deny a license for any of the following causes:

. . . 7. Failure to comply with the continued competency requirements set forth in this chapter. . .

Pennsylvania

49 Pa. Code § 41.59 (2010). Continuing education.

. . . (b) Continuing education requirement for biennial renewal.

As a condition of biennial license renewal, a psychologist shall have completed during the preceding biennium a minimum of 30 contact hours (3 CEUs) of continuing education in acceptable courses, programs or activities which shall include at least 3 contact hours per biennium in ethical issues. . .

. . . (c) Reports to the Board.

A psychologist shall certify to compliance with the contact hours requirement at the time of biennial renewal. A psychologist shall retain for at least two bienniums, certificates, transcripts or other documentation showing completion of the prescribed number of contact hours. These records are subject to audit by the Board.

. . . (e) Home study.

A psychologist may accrue up to 15 of the required contact hours in home study courses offered by approved sponsors as long as the course has specific learning objectives and the sponsor evaluates the extent of learning that has taken place.

. . . (k) Curing deficiencies.

A psychologist with a deficiency in contact hours may apply to the Board in writing for leave to make up the contact hours in arrears. The request shall include an explanation of why the deficiency occurred and a plan, along with the estimated time needed, for curing it. Requests will be evaluated by the Board on a case-by-case basis and will be approved or disapproved at its discretion.

49 Pa. Code § 41.61 (2010). Code of ethics.

Principle 2. Competency.

. . . (d) Psychologists accurately represent their competence, education, training and experience.

In both Virginia and Pennsylvania, Dr. Murphy has failed to meet the standards for amassing sufficient CE credits. Pennsylvania has a formal procedure for curing a deficiency. For both jurisdictions the reading of self-help books without engaging in testing from license board approved vendors will be viewed as insufficient CE.

Cultural Considerations

Global Discussion

Lithuanian Psychological Society

Preamble.

. . . A Psychologist must avoid losing his/her high professional competence, understand that it is necessary to

learn and to continually refresh possessed knowledge, to grasp and to adapt everything that is new and progressive in his/her professional line, and to seek his/her colleagues, advice if needed.

The Lithuanian psychologist is charged with refreshing their existing knowledge, to learn what is new in the field, and to uphold the prestige and dignity of the profession of psychology as a whole. The Lithuanian code does not direct the means of grasping new knowledge and suggests that it can come from professional colleagues.

American Moral Values

1. What is Dr. Murphy's assessment of the CE requirement's value? Is it a valuable requirement for psychologists or is it a bureaucratic hurdle that is not worth honoring? Is one's "self-help" reading a good enough substitute for those credits, making it more permissible to lie about the credits? How do these self-help books measure up to actual psychology courses, on Dr. Murphy's view?
2. What does Dr. Murphy think about misrepresenting his education? Could that threaten his career? Does he not want to follow a bad precedent for other psychologists, or does he count himself a worthwhile exception? What other form of defying regulatory bureaucracies would Dr. Murphy endorse, and of which would he still disapprove?
3. Independent of the specific question of CE credits, does Dr. Murphy frame his decision as one about "lying"? Does lying about the CE credits nag at his own self-image, both as a person and as a psychologist? Can he imagine it being a burden to his conscience?
4. If Dr. Murphy is a newly licensed psychologist—and thus just out of school—does he justify or feel entitled to claim personal reading as CE credits, in light of having only recently been out of classes? Does the expense of doctoral-level tuition and texts in psychology, as well as monthly loan repayments, "entitle" Dr. Murphy to feeling as though he has very recently done more than sufficient work to claim CE credits?

Ethical Course of Action

Directive per APA Code

Both Standard 2.03 and state laws make it imminently clear that Dr. Murphy was to have completed

CE hours. Inherent in Dr. Murphy's dilemma, it is evident that he knows he should have made sure he completed all of his required CE hours. Aspiring to uphold Principle C: Integrity and be ever truthful about what he has done, and to enact Principle B: Fidelity and Responsibility to accept any consequences of his actions, Dr. Murphy should make clear to the licensing board the exact nature and extent of his CE activities in the last licensing period.



Dictates of One's Own Conscience

If, given the very busy nature of a full-time practice, the sometimes prohibitive cost of CE, and possibly not aspiring to practice in new areas of competency, and believing that you may have upheld the spirit of Standard 2.03 and the state CE requirement, what course of action might you take?

1. Respond with a claim that though you have met the spirit of CE requirement, you admit to a lack of sufficient credit hours documented by any external entity.
2. Respond with accurate accounts of the CE hours attended and the list of books read. Argue that the books constitute sufficient new learning as to meet the CE requirements.
3. Respond with accurate accounts of the CE hours attended, list some scholarly books that you had read several years ago, and do not list the self-help books you read.
4. Respond with a confession of insufficient CE hours accumulated in the last year, and lay out a plan of action for making up the deficiency in CE credits within a reasonable period of time.
5. Do a combination of the previously listed actions.
6. Do something that is not previously listed.

If you were Dr. Murphy practicing in Lithuania, faced with a request for CE hours, would you respond with a confession of insufficient CE hours accumulated in the last year and lay out a plan of action for making up the deficiency in CE credits within a reasonable period of time?



STANDARD 2.04: BASES FOR SCIENTIFIC AND PROFESSIONAL JUDGMENTS

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

A CASE FOR STANDARD 2.04: But Does It Work?

Daniel, a 22-year-old male, is in treatment with Dr. Bailey in order to work on the many ramifications of his identity as a homosexual male. Daniel reported that his parents did not react well to their discussion regarding his sexual identity and that, as always after a visit with his parents, he was feeling depressed and thoughts of wishing to die crossed his mind. Upon hearing Daniel's suicidal ideation, Dr. Bailey immediately proceeded to have Daniel complete a signed suicide contract wherein Daniel promised not to attempt suicide. Dr. Bailey also then inquired as to whether Daniel had considered conversion therapy.

Issues of Concern

Standard and customary practice when a client expresses suicidal ideation is to engage the client in signing a suicide contract. Conversion therapy, though controversial, is a treatment that some psychologists might argue may be appropriate for Daniel, especially in light of the fact that death by suicide is one of the leading causes of death in young gay males (D'Augelli et al., 2005; Kitts, 2005).

However, neither suicide contracts nor conversion therapy are supported by "established scientific and professional knowledge." Exploration into the effectiveness of suicide contracts as an intervention method to prevent suicide attempts indicates that the presence of a suicide contract with a therapist does not deter suicide attempts (Werth, Welfel, & Benjamin, 2009). Use of conversion therapy is experimental, and the recent APA statement on conversion therapy does not support this experimental treatment. The following resolution was adopted by the APA in August 2009: <http://www.apa.org/about/governance/council/policy/sexual-orientation.aspx>

APA Ethics Code

Companion General Principle

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm.

Dr. Bailey is upholding Principle A, to benefit those with whom [they] work, by taking action that would prevent Daniel from committing suicide. Dr. Bailey is addressing the immediate harm posed by Daniel's suicidal ideations. Dr. Bailey also likely believes he is addressing the underlying cause of the suicidal ideation, Daniel's homosexuality.

Principle E: Respect for People's Rights and Dignity

Psychologists are aware of and respect . . . differences, including those based on . . . sexual orientation . . . and consider these factors when working with members of such groups.

Dr. Bailey's suggestion of conversion therapy violates the spirit of Principle E in regards to Daniel's sexual orientation.

Companion Ethical Standard(s)

Standard 3.04: Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients . . . and to minimize harm where it is foreseeable and unavoidable.

Standard 3.04 is the operationalization of Principle A, Beneficence and Nonmaleficence. Assuredly Dr. Bailey does not intend to harm his patients, thus upholding the value of nonmaleficence. However, by not keeping up with and practicing with the established scientific and professional knowledge, psychologists may, with the best of intentions, be harmful to their clients. Dr. Bailey, by not keeping up with current knowledge, is in violation of Standard 3.04.

Standard 2.01: Boundaries of Competence

. . . (e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients . . . from harm.

Standard 2.01 (e) gives further specification to the value of Nonmaleficence and Standard 3.04, Avoiding Harm, by requiring that should Dr. Bailey work in areas that are considered “emerging” then he should take reasonable steps to acquire competence. Standard 2.01 (e), at a minimum, would require Dr. Bailey to be knowledgeable about the experimental nature and the specifics of the controversy regarding conversion therapy before he recommends such treatment to Daniel. If Dr. Bailey made recommendation for conversion therapy without such knowledge, then he would be in violation of Standard 2.01 (e).

Standard 10.01: Informed Consent to Therapy

... (b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation.

Enacting the value of Principle E to respect Daniel’s right to self-determination, Standard 10.01 requires that Dr. Bailey inform Daniel of the current level of knowledge regarding conversion therapy as well as suicide contracts. It appears that Dr. Bailey is in violation of Standard 10.01 in the area of suicide contracts and may be in violation as well in the area of conversion therapy.

Legal Issues



Georgia

Ga. Comp. R. & Regs. 510-4-.02 (2010). Code of ethics; APA ethical standards.

... (2) Competence

... (d) 2.04 Bases for ... Professional Judgments. Psychologists’ work is based upon established scientific and professional knowledge of the discipline.

Maryland

Md. Code Ann., Health Occ. § 18-313 (West 2009). Denials, reprimands, suspensions, and revocations—grounds.

... (20) Does an act that is inconsistent with generally accepted professional standards in the practice of psychology.

Md. Code Regs. 10.36.05.04 (2010). Competence.

A. Professional Competence. A psychologist shall ...

... (4) Use intervention ... techniques only when the psychologist knows that the circumstances are appropriate applications of those interventions and techniques, supported by reliability, validation, standardization, and outcome studies ...

In both jurisdictions, engaging in therapeutic practices that are not adequately substantiated scientifically would be viewed as ethical infractions under the jurisdictions’ rules. Both practices have been called into question by solid methodological research and should not be used under the laws of either jurisdiction.

Cultural Considerations

Global Discussion

Lithuanian Psychological Society Code of Ethics

... a) in the course of investigation, Psychologist shall try to create the situation in which [the client] can feel that the interaction answers his/her interests; the basic principle is to make [the client] interact of his/her free will; b) Psychologist shall not use his/her professional knowledge or knowledge relating to [clients] in order to harm [clients] or make [clients] suffer needlessly.

In this case of conversion therapy, Dr. Bailey could be seen as violating Daniel’s free will as Daniel did not request this treatment. Dr. Bailey is also engaging in professional behavior that would make Daniel “suffer needlessly.” Therefore, Dr. Bailey must carefully consider how “free will” and suicidal ideation intersect, whether that will is compromised by a wish to die, and what would cause greater suffering to Daniel: imposing a scientifically unfounded suicide contract and the use of an at-best controversial treatment (conversion therapy) or allowing Daniel to exercise his own free will and possibly choose death by suicide?

American Moral Values

1. How does Dr. Bailey choose conversion therapy as a response to Daniel’s situation? Is homosexuality being singled out as the problem that threatens Daniel’s life? Does that indicate an unstated moral condemnation of homosexuality on Dr. Bailey’s part? Or does Dr. Bailey take sexuality in general to be an

area to “fix” in order to save one’s life? How does Dr. Bailey see sexuality fitting into a life worth living?

2. What is the evidence that conversion therapy works? What are the possible repercussions of a failed conversion therapy on Daniel’s state of mind?
3. Is the reaction of Daniel’s parents problematic? Could Dr. Bailey single out Daniel’s relationship with his parents as a problem? Does Dr. Bailey grant the parents too much authority and respect by default? Could Dr. Bailey address Daniel’s need for their support in other ways? What if the parents remain unsupportive about Daniel’s sexual life and romantic choices?
4. How does a “suicide contract” work? Does it serve Daniel to believe that his desire to honor a contract will override his suicidal feelings and disappointment over his parents’ disapproval? What must Dr. Bailey assume about Daniel’s trust in him to think this contract will work? Is this contract for Daniel’s sake or Dr. Bailey’s?

Ethical Course of Action

Directive per APA Code

Standard 2.01 requires that Dr. Bailey keep current regarding best practice treatment for clients who are struggling with problems secondary to sexual identity. Best practices, which are based on established scientific and professional knowledge of the discipline, as required by Standard 2.04, for those whose sexual identity is not heterosexual, does not indicate the use of conversion therapy. Additionally, best for those with suicidal ideation does not indicate the use of suicide contracts. To be in compliance with Standard 2.04, Dr. Bailey is not to use suicide contracts in response to Daniel’s report of suicidal ideation nor suggest conversion therapy.



Dictates of One’s Own Conscience

Faced with a young man who is part of a high-risk group for suicide and who is expressing suicidal ideation, might you not also seek any means to keep your client safe? In this case, what would you do?

1. Explain to Daniel that being gay puts him in a very high-risk group for death from suicide, and because

of this fact, Daniel must promise you that he will not kill himself.

2. Explain to Daniel that the source of his miseries is his homosexuality and that there are many human conditions for which we do not yet have effective treatment, but it may help to discuss the causes of homosexuality, thus treating the cause of his depression.
3. Explain to Daniel that his homosexual identity is not the source of his suicidality but society’s (and his family’s) response to his homosexuality is the likely source of his depression. Thus it may be helpful to explore Daniel’s wish for his parents to be more supportive, thus treating the cause of his depression.
4. Explain to Daniel that being able to explore his depressed feelings and suicidal thoughts allows a release, like a pressure valve exists to allow a release of built-up tension. Thus, you would encourage Daniel to talk about the suicidal thoughts.
5. Explain to Daniel that it is against the law to kill himself and you must take measures to stop him. Further, you would warn Daniel that you are obligated to hospitalize him unless he promises not to break the law by signing a promissory note, as in a suicide contract, that allows you not to hospitalize him.
6. Do a combination of the previously listed actions.
7. Do something that is not previously listed.

If you were Dr. Bailey working in Lithuania, what might you do?

1. Explain to Daniel that being able to explore his depressed feelings, suicidal thoughts, and his parents’ reaction to his sexual identity allows a release like a pressure valve exists to allow a release of built-up tension.
2. Encourage Daniel to talk about the suicidal thoughts.



STANDARD 2.05: DELEGATION OF WORK TO OTHERS

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that

would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently.

A CASE FOR STANDARD 2.05 (2): Software Ghosts

Dr. Rivera noticed that his office is receiving insurance payments for client sessions that did not occur. Dr. Rivera spoke to his part-time bookkeeper, Sandra, who does general office work, client billing, and filing of insurance claims. Sandra claimed that she never submitted insurance claims for the treatment sessions in question but that she would certainly contact the insurance company to see what she could find out. After contacting the insurance company, Sandra reported that Christopher, the tech support for the insurance software that Sandra has been using, was the generator of the insurance claims for the erroneous sessions in question. Sandra also said that she had been having some difficulties with the new claims software's electronic interface with the insurance company so she had been working with Christopher to work out these problems.

Issues of Concern

It is not unusual for psychologists in practice to have access to and to delegate administrative tasks, like insurance work, to support staff. Standard 2.05 holds Dr. Rivera responsible for hiring and supervising someone competent to perform the work delegated. And indeed, as directed by Standard 2.5 (2), it appears that Dr. Rivera has delegated the work to someone who can perform the assigned task competently in that Sandra contacts appropriate support personnel when she encounters barriers. In this case, it is the software company who has hired someone who appears to be either incompetent or dishonest. Is Dr. Rivera responsible for the actions of Christopher?

Regardless of who performs the administrative tasks or who files insurance claims, would the insurance company hold Dr. Rivera responsible for the claims? Since the claims are for sessions that were never held, is Dr. Rivera exposed to the charge of fraud?

APA Ethics Code

Companion General Principle

Principle C: Integrity

... Psychologists to not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact.

Though unintentional, unbeknownst to Dr. Rivera, fraudulent claims were sent under his license. Not only were claims sent but also insurance made payment on these fraudulent claims. The resultant exchange of money indicates that Dr. Rivera has violated the intent of Principle C: Integrity.

Companion Ethical Standard(s)

P.L. 104-191 Health Insurance Portability and Accountability Act (HIPAA) of 1996.

Section 1173

... (d) Security standards for health information.

... (2) Safeguards. Each ... who ... transmits health information shall maintain reasonable and appropriate ... safeguards (A) to ensure the integrity and confidentiality of the information; (B) to protect against any ... (ii) unauthorized uses or disclosures of the information; ...

Per U.S. P.L. 104-191, section 1173 of HIPAA, it is clear that Dr. Rivera is responsible for ensuring compliance with security of the individual health information, regardless of whether it is intentionally or unintentionally transmitted by entities other than himself. It can be argued that since the individual health information was provided through Dr. Rivera's office, it was Sandra who was in violation of ensuring security of the information. Since Sandra is an employee of Dr. Rivera, this section of HIPAA stipulates that Dr. Rivera is thus responsible for the breach of security.

Standard 4.01: Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium ...

Per P.L. 104-191 Section 1171 (6), the information contained in the electronic transmission from Christopher at the software company is considered

individual health care information. As such, psychologists are directed by Standard 4.01 to protect the insurance billing information.

Standard 4.05: Disclosures

... (b) Psychologists disclose confidential information without the consent of the individual ... where permitted by law for a valid purpose such as to ... (2) obtain appropriate professional consultations ...

Per Standard 4.05 (b) (2), it could be argued that Dr. Rivera's office released confidential information with the consent of the client was for a valid purpose of obtaining "appropriate professional consultation." The caveat in such an argument is the stipulation of "where permitted by law." The law, as stipulated by HIPAA, does not permit such a release. Thus Dr. Rivera's office was in violation of Standard 4.05.

Standard 6.02: Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium.

Standard 6.02 directs Dr. Rivera to maintain confidentiality in "accessing" and "transferring" of his client insurance information. His office released the confidential information without client consent, thus violating Standard 6.02, when Sandra gave Christopher files with live data.

Standard 6.06: Accuracy in Reports to Payors and Funding Sources

... Psychologists take reasonable steps to ensure accurate reporting of the nature of the service provided. . .

Standard 6.06 directs and places responsibility for accuracy of insurance charges on Dr. Rivera. Also, Standard 2.05 makes it clear that regardless of whether the insurance filing was done with or without Dr. Rivera's awareness or whether they were submitted from his office or by the software company that Dr. Rivera holds ultimate responsibility for the accuracy of all reporting, including insurance billing.

Standard 6.04: Fees and Financial Arrangements

... (c) Psychologists do not misrepresent their fees.

Standard 6.04 directs Dr. Rivera to not misrepresent their fees, which includes charges submitted to insurance companies. The submission of charges for work he has not done constitutes misrepresentation.

Legal Issues



Illinois

225 Ill. Comp. Stat. Ann. 15/15 (West 2007). Disciplinary action; grounds.

The Department may ... suspend, or revoke any license ... for any one or a combination of the following reasons:

... (6) Professional connection or association with any person ... holding himself, herself, themselves, or itself out in any manner contrary to this Act.

... (14) Willfully making or filing false records or reports, including but not limited to, false records or reports filed with State agencies or departments.

Ill. Admin. Code tit. 68, § 1400.80 (2010). Unethical, unauthorized, or unprofessional conduct.

The Department may suspend or revoke a license, refuse to issue or renew a license or take other disciplinary action, based upon its finding of "unethical, unauthorized, or unprofessional conduct" ... to include, but is not limited to, the following acts or practices:

... j) Submission of fraudulent claims for services to any health insurance company or health service plan or third party payor. . .

New York

N.Y. Comp. Codes R. & Regs. tit. 8, § 29.1 (2010). General provisions.

a. Unprofessional conduct shall be the conduct prohibited by this section.

... 6. willfully making or filing a false report . . .

... 10. delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified, by training, by experience or by licensure, to perform them . . .

In both jurisdictions, the insurance submission would likely be investigated by the licensing boards as a fraudulent act. Since it is generated from Dr. Rivera's patient list and the reimbursement was paid to Dr. Rivera, he would be named the person who committed a fraudulent act. If Dr. Rivera was practicing in Illinois, he would be subjected to disciplinary proceedings. If Dr. Rivera were practicing in New York, the filing may not be considered fraudulent since New York makes a distinction between willfully making a report and those not done with intention. In this case, neither Dr. Rivera nor Sandra willfully or intentionally caused the fraudulent report to be filed.

Cultural Considerations

Global Discussion

The Professional Board for Psychology Health Professions Council of South Africa:
Ethical Code of Conduct (April 2002)

Professional competence.

Psychologists shall accept that they are accountable for professional actions in all domains of their professional lives.

1.6. Delegation of work.

Psychologists who delegate work to employees . . . shall take reasonable steps to (2) authorise only those responsibilities that such persons can be expected to perform competently on the basis of training or experience, and (3) see that such persons perform these services competently.

In South Africa, Dr. Rivera needs to delegate work to persons who are trained and can perform it competently; regardless, he is still accountable for all "professional actions" in the domain of clinical practice as a psychologist. Therefore, even if Dr. Rivera's hiring of an employee and training of her on a new software program was done correctly, regardless of whether the employee knowingly did anything wrong, Dr. Rivera is still accountable for the actions originating from his clinical practice.

American Moral Values

1. How does Dr. Rivera understand the mistaken insurance claims? Is this an honest mistake on Sandra's part? Was it not her fault at all but rather an accident on the part of Christopher? Or was it a deliberate and illegal act on the part of one or both of them?
2. Based on those possible scenarios, what is the best way to make it right? Should Dr. Rivera retrain Sandra on the process of filing claims? Should Dr. Rivera request that Christopher not come again and then establish a protocol for Sandra regarding computer assistance? Or does Dr. Rivera need to question Sandra and Christopher further, possibly calling the authorities to assist in the investigation?
3. How does Dr. Rivera understand his own responsibility for the problem? Did he adequately train Sandra? Does he see himself as a leader who is expected to be responsible for the office's overall performance? Is Sandra's performance a reflection on him?
4. What is Dr. Rivera's view of insurance companies and the laws surrounding insurance claims? Does he see this as a minor matter rather than full-blown fraud? Is it worth firing Sandra or even questioning her on the basis of this mistake? Or is this office's unity worth more to patients than strict bookkeeping laws?

Ethical Course of Action

Directive per APA Code

Standard 2.05 and all other cited standards and federal laws in this section place the responsibility of the fraudulent insurance claim on Dr. Rivera. Guided by Principle B to "accept appropriate responsibility for their behavior," it behooves Dr. Rivera to do something to right this fraudulent act.



Dictates of One's Own Conscience

If you were in Dr. Rivera's position, understanding that a fraudulent act has been committed and knowing you need to act, what would you do?

1. Personally contact the insurance company to rescind the insurance filings, and request that the already reimbursed funds be applied to future filings.
2. Personally contact the insurance company to rescind the insurance filings, and refund the total sum of the reimbursed fees to the insurance company.
3. Personally contact each of the patients to notify them that a breach of security has occurred.
4. Conduct an investigation to assess whether the filings of his employee occurred because of poor training or because of criminal intent.

5. Set up disciplinary action for Sandra in the form of remediation program for software or more supervision to determine whether further filings are accurate.
6. Decide that Sandra was and is not competent beyond what can be remediated, thus terminate her employment.
7. Report the case to the police.
8. Assist the police in the investigation of the fraudulent claims.
9. Seek professional consultation to assess whether the release of information from Sandra to Christopher was due to lack of training or because criminal behavior occurred.
10. Seek a professional consultation with an independent claims specialist or with a defense lawyer who specializes in insurance fraud to look at the record.
11. Keep meticulous notes of his own investigative process, consultation received, and any subsequent actions taken to show that Dr. Rivera acted in a prudent and reasonable manner to rectify the inaccurate filings and the errant employee's behavior.
12. Redesign your office procedures in such a way that all incoming funds pass through your hands.
13. Contact the software company to obtain assurance that your private confidential information is not used in any manner by the software company.
14. File a complaint against the software company for unauthorized use of confidential information.
15. Switch to a different software insurance billing company.
16. Do a combination of the previously listed actions.
17. Do something that is not previously listed.

If you were Dr. Rivera practicing in South Africa, the previously listed options would still apply since the responsibility for work delegated to others is not substantially different from those listed by the APA Ethics Code.



STANDARD 2.06: PERSONAL PROBLEMS AND CONFLICTS

- (a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial

likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

A CASE FOR STANDARD 2.06 (A): Temporary Impairment

Dr. Cooper has a very busy day with four clients in the morning and an additional three scheduled after lunch. Toward the end of his half hour lunch break, as he was chatting with office mates, the building swayed from an earthquake. Turning on the radio, a severe regional earthquake is confirmed. Dr. Cooper also learned the epicenter of the quake is near his home and the elementary school his children attend. In the next treatment session, Dr. Cooper is preoccupied with how to find his children to assure himself of their safety. Dr. Cooper is unable to track his client's conversation.

Issues of Concern

If Dr. Cooper were sick with the flu, he would surely cancel his afternoon appointments. Most of us are aware of our own physical illnesses that cause temporary impairment. Many psychologists would, more likely than not, miss the temporary situations that cause us to be less-than-fully present for our clients. In this case, should Dr. Cooper have known that being so preoccupied and distracted with the welfare of his children would interfere with his ability to perform work-related duties adequately? Has he violated the directives of Standard 2.06 (a) by continuing to work without knowing that his children are safe? Should he have cancelled the next session so that he had the time to ascertain the safety of his children?

APA Ethics Code

Companion General Principle

Principle A: Beneficence and Nonmaleficence

Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Understandably, Dr. Cooper is unable to be fully present for his clients while he is concerned for the safety of his children. Aspiring to uphold Principle A, what might

Dr. Cooper have done to be more aware of the effects of his distractibility on his patient?

Companion Ethical Standard(s)

Standard 2.06: Personal Problems and Conflicts

... (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as ... determine whether they should ... suspend ... their work-related duties.

Once aware of his distractibility, Standard 2.06 (b) directs Dr. Cooper to take appropriate measures, which in this case may be to have either delayed or cancelled his next appointment.

Legal Issues



California

Cal. Code Regs. tit. 16, § 1396.1 (2010). Interpersonal relations.

It is recognized that a psychologist's effectiveness depends upon his or her ability to maintain sound interpersonal relations, and that temporary ... problems in a psychologist's own personality may interfere with this ability. ... A psychologist shall not knowingly undertake any activity in which temporary ... personal problems in the psychologist's personality integration may result in inferior professional services or harm to a patient or client. If a psychologist is already engaged in such activity when becoming aware of such personal problems, he or she shall seek competent professional assistance to determine whether services to the patient or client should be continued or terminated.

Massachusetts

251 Mass. Code Regs. § 1.10 (2010). Ethical standards and professional conduct.

(1) The Board adopts as its standard of conduct the *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association, except as that code of ethics in any way deviates from the provisions of 251 CMR 1.00 or M.G.L. c. 112, §§ 118 through 129A.

In both jurisdictions, Dr. Cooper has a duty to reschedule the appointment until he can provide the level of attention that a reasonably prudent psychologist

must give to clients. Clients would likely understand his distress and appreciate his transparency. In either jurisdiction, if he fails to reschedule the appointment, he could be disciplined for violating the standard of care expected of psychologists.

Cultural Considerations

Global Discussion

The Professional Board for Psychology Health Professions Council of South Africa:
Ethical Code of Conduct (April 2002)

1.5. Personal impairment.

1.5.1. Psychologists shall refrain from undertaking professional activities when there is the likelihood that their personal circumstances (including mental, emotional ...) may prevent them from performing such professional activities in a competent manner.

1.5.2.1. Psychologists shall be alert to signs of, and obtain appropriate professional assistance for, their personal problems at an early stage in order to prevent impaired performance.

1.5.3. When psychologists become aware of personal circumstances that may interfere with their performing professional duties adequately, they shall take appropriate measures, ... and determine whether they should limit, suspend, or terminate their professional duties.

If Dr. Cooper were practicing in South Africa, it would be incumbent upon him to recognize his temporary impairment and take actions to alleviate or eliminate their effects upon his clients. As this is a situation of temporary impairment, he must first recognize it as such and take immediate steps to suspend or terminate his client's session until source of the impairment (worry about the welfare of his children) can be successfully addressed or managed.

American Moral Values

1. Is Dr. Cooper serving his client adequately in this session? Should Dr. Cooper cancel the session because he is too worried and preoccupied to listen to his client? What harm would the client suffer by having an inattentive therapist?
2. Would cancelling the appointment be abandoning his client? Would Dr. Cooper see himself as a weak

or fragile therapist? Does his identity as a male affect how he chooses, either in trying to be professional or in being a “protector” of his family? Would a female therapist have the same attributions of “protector” made to her, either in support or criticism? Does Dr. Cooper have female colleagues who are facing the same situation as parents?

3. How different is this type of cancelling from cancelling because one has a contagious illness? Could cancelling depend on whether Dr. Cooper has had to cancel other appointments with the client recently?
4. Does Dr. Cooper need to leave to make sure his family is OK, or does he just need to clear his head? Is there other work he could do at the office until he hears that the authorities have restored public safety? What actions would Dr. Cooper take if he subsequently learns that one or both of his children have been injured or are missing?
5. Would it make a difference if his client started panicking over the earthquake? Would cancelling send that client into further panic?
6. Does the character of the area around Dr. Cooper’s home and his child’s school make a difference to his decision? Is it a “safe” area, or would security be more of a concern after this type of event? How does the socioeconomic status of the neighborhood play into that consideration? If the school building was dilapidated, would it change Dr. Cooper’s thinking?
7. What is Dr. Cooper’s responsibility to his children? Are the children old enough to use a cell phone or have their own mode of transportation? Are they old enough to understand how dangerous earthquakes are? What will their feeling be in the wake of the earthquake?

Ethical Course of Action

Directive per APA Code

Standard 2.06 directs Dr. Cooper to postpone or cancel his next therapy session if Dr. Cooper knew he would not be able to concentrate. But going into the session, Dr. Cooper did not know that he could not focus. The consideration in regards to Standard 2.06 is whether he *should* have known. Depending on the age of his children, location of the children’s school, his level of trust in the school’s competency in handling

emergencies, and the age of the school building, it may have been unreasonable to think that Dr. Cooper should have known he was thus preoccupied.



Dictates of One’s Own Conscience

If you found yourself in a similar situation where you were worried about the safety of a loved one, or worried about any personal problems that call your attention away from the client in the session, regardless of whether you should have known going into the session that you might be distracted, what would you do?

1. See all your scheduled clients, and make phone calls between sessions.
2. Cancel all scheduled clients, and go home to look for your kids.
3. Call your partner to have him/her go home.
4. Direct your administrative assistant to contact the school or to call your partner.
5. Discuss with your client the possibility that you might be interrupted by a phone call to update you about your children post earthquake, then proceed with the session.
6. Obtain consent from the client to engage in the treatment session, saying that both of you may be a bit preoccupied with the earthquake that just happened.
7. Talk about the earthquake in session, inquire whether your client has children who might be affected, and then jointly make calls to schools.
8. Stop the next session halfway through once you realized your preoccupation and reschedule your client’s session.
9. Do a combination of the previously listed actions.
10. Do something that is not previously listed.

If you were Dr. Cooper working in South Africa, the previously listed options would still apply since the directive for handling personal problems is not substantially different from those listed by the APA Ethics Code.



STANDARD 2.06: PERSONAL PROBLEMS AND CONFLICTS

... (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.

A CASE FOR STANDARD 2.06 (B): A Divorce

Dr. Richardson is a newly licensed psychologist who has relocated in order to join a group practice. Instead of moving to join her in the new city, as planned, her husband asked for a separation and filed for divorce. Dr. Richardson has been distraught and shocked by this turn of events. She has not had time to develop any new friendships. She is reluctant to discuss her personal life with any of her work colleagues and does not have her own consulting group or personal psychotherapist. For the past 2 weeks, she has become increasingly depressed, anxious, and is constantly tearful when not at work. At night, she has begun to drink several glasses of wine before bed instead of her usual one and hasn't been able to sleep for more than two to three hours per night. Seeking support, she called a former school classmate, now also a licensed psychologist, for advice. Her friend listened to her story and told her not to worry too much, that she is competent to practice, but should probably "get out more" and try to "get some sleep."

One day in a couples' session, a client disclosed that he was having an extramarital affair and wanted to end the marriage. Dr. Richardson felt herself becoming angry, outraged, and then tearful during the session at the male of the couple, and rather than continue, she ended the session early. She now finds herself wondering whether her partner was having an affair and if that is why he chose to file for divorce.

Issues of Concern

Dr. Richardson was clearly aware of the fact that she had personal problems, thus satisfying the conditions for Standard 2.06 to be in effect. Per Standard 2.06, Dr. Richardson did take measures to determine

her best course of action. It is questionable as to whether consulting a friend, even when the friend is a psychologist, in the face of symptoms of depression with increased use of alcohol would be considered taking appropriate measures. The resultant events in the couple's session is clear evidence that the measures Dr. Richardson took to address her personal problems were not appropriate and did not prevent them from interfering with her work performance. Unfortunately, unsuccessful attempts to address her emotions in a trying situation do not satisfy the directives of Standard 2.06.

APA Ethics Code

Companion General Principle

Principle A: Beneficence and Nonmaleficence

Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

The ultimate goal of monitoring and managing one's own personal problems in such a way so as not to interfere with one's work is for the benefit of clients and to assure to the best of one's ability that psychologists guard against inflicting harm on others. Dr. Richardson does aspire to uphold Principle A through consultation with her friend.

Principle B: Fidelity and Responsibility

Psychologists uphold professional standards of conduct, clarify their professional . . . obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm.

Regardless of the actions taken by Dr. Richardson in managing her own personal problems, Principle B guides Dr. Richardson to take responsibility for whatever negative effects her problems have had on the couple in treatment with her.

Companion Ethical Standard(s)

Standard 3.04: Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients . . . and to minimize harm where it is foreseeable and unavoidable.

Standard 3.04, the implementation of Principle A, directs Dr. Richardson to take steps to avoid harming her clients, in this case the couple in treatment. Standard 3.04 does not specify what should be done once harm has already occurred, which is most likely the case due to Dr. Richardson's reaction and early termination of the session.

Standard 10.10: Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient . . . is being harmed by continued service.

At this point of treatment, does Dr. Richardson need to follow the directives of Standard 10.10 and terminate treatment with the couple because Dr. Richardson can no longer assure that her currently ineffective management of her personal problems would not bring harm to this specific couple? Perhaps she is still competent to provide treatment for those clients who are not struggling with marital problems.

Legal Issues



Georgia

Ga. Comp. R. & Regs. 510-4-.02 (2010). Code of ethics; APA ethical standards.

(2) Competence.

. . . (f) 2.06 Personal problems and conflicts.

1. (a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

2. (b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy)

Ohio

Ohio Admin. Code 4732:17-01 (2010). General rules of professional conduct pursuant to section 4732.17 of the revised code.

(C) Welfare of the client.

. . . (12) Practicing while impaired.

A psychologist . . . shall not undertake or continue a professional psychological role when the judgment, competence, and/or objectivity of the psychologist or . . . is impaired due to mental, emotional, . . . conditions. If impaired judgment, competence, and/or objectivity develops after a professional role has been initiated, the psychologist . . . shall terminate the professional role in an appropriate manner, shall notify the client or other relevant parties of the termination in writing, and shall assist the client, supervisee, or evaluatee in obtaining appropriate services from another appropriate professional.

In both jurisdictions, Dr. Richardson has to address her impairment and protect her clients. In Georgia, Dr. Richardson can obtain professional consultation or assistance to determine the steps she would take to protect her clients. In Ohio, she must terminate the clinical relationships in writing and help her clients obtain appropriate services.

Cultural Considerations

Global Discussion

Singapore Psychological Society:
Code of Professional Ethics

3. The psychologist especially in clinical work recognizes that effectiveness depends in good part upon the ability to maintain sound interpersonal relations and that, temporary or more enduring aberrations in the psychologist's own personality may interfere with this ability or distort the appraisal of others. The psychologist refrains from undertaking any activities in which personal problems are likely to result in inferior professional services or harm to a client; or if the psychologist is already engaged in such an activity and then becomes aware of such personal problems, competent professional assistance to determine whether to continue or terminate psychological services to the client should be sought.

To satisfy this part of Singapore's code, Dr. Richardson would be directed to immediately address the potential harm caused to her clients by ending the session early and consider transferring them to another couples therapist. It would then be imperative for her to consider, with the

help of a “competent professional,” such as a supervisor or consultation group, rather than a well-meaning psychologist friend, whether she should take on any new clients at all until her personal situation has stabilized.

American Moral Values

1. How is Dr. Richardson’s personal life affecting the quality of her therapy? Which problems are the most urgent for her to take care of in order to maintain an acceptable level of performance? Is it her reaction to divorce? Alcohol usage? Lack of friends?
2. Is Dr. Richardson bringing her own moral judgment into the counseling session without explanation? Can a therapist ever use discussions in therapy as a possible aid to their own personal relationships? When does that violate one’s duty to a client? What did her ending the session early do to the client-therapist relationship? Does she need to take steps to address those effects, for example explaining her related personal issues?
3. How can Dr. Richardson alleviate her increasing distress, in particular her newfound suspicion of infidelity? If she is triggered by her client’s infidelity, can she continue as their therapist? Can she maintain this relationship while seeing another therapist about her own feelings of betrayal?

Ethical Course of Action

Directive per APA Code

Once Dr. Richardson becomes aware of a personal problem that interferes with her work, Standard 2.06 directs Dr. Richardson to make some type of change in her work-related duties. In this case, Dr. Richardson, per Standard 2.06, should have obtained professional consultation or assistance. Regardless of whether a personal friend happens to be a licensed psychologist, a friend is biased and is unlikely to be effectively able to make objective assessment of Dr. Richardson’s level of impairment. At this point in time, Standard 2.06 directs Dr. Richardson to seek professional consultation or assistance to make a determination as to her practice and Principle B would guide Dr. Richardson to repair the harm done to her couples’ client.



Dictates of One’s Own Conscience

If you were Dr. Richardson, having realized that your personal problems have interfered with your professional work and possibly inflicted harm to your couples’ client, what next step would you do?

1. After due consideration, you decide that the difficulty is not in your conclusion but the management of your own emotions. After obtaining firmer control over your emotions, you tell the wife to divorce her husband during the next scheduled treatment session.
2. After due consideration, you decide that the difficulty is not in your conclusion but the management of your own emotions. After obtaining firmer control over your emotions, you describe to the husband your reaction in the previous session, state that such a severe emotional reaction is typical, and that his wife is also having the same reaction you did to the news of his infidelity. Thus the husband needs to abandon the affair, apologize to his wife before treatment could proceed.
3. Realize that your reaction was indicative of how important your marriage was to you and thus decide to quit your job and move back to attempt reconciliation with your husband.
4. Call up your husband and berate him for causing you to lose a patient. Say that his presence is absolutely necessary to your ability to work, thus he needs to come immediately.
5. Take a vacation.
6. Rely on your former classmate as a friend but not for professional consultation and continue your practice.
7. Enter into personal psychotherapy immediately and continue your practice.
8. Engage in extra supervision and continue your practice.
9. Engage in peer consultation with office mates and continue your practice.
10. Enter into personal psychotherapy immediately, and curtail your practice to working with individuals only.
11. Engage in extra supervision, and curtail your practice to working with individuals only.

12. Engage in peer consultation with office mates, and curtail your practice to working with individuals only.
13. Enter into personal psychotherapy immediately, and temporarily stop providing treatment altogether.
14. Engage in extra supervision, and temporarily stop providing treatment altogether.
15. Engage in peer consultation with office mates, and temporarily stop providing treatment altogether.
16. Refund payment or not charge for the couple's session that was ended early.
17. Do a combination of the previously listed actions.
18. Do something that is not previously listed.

If you were Dr. Richardson and practicing in Singapore, what would you do?

1. Drinking too much wine and failing to seek help is a temporary impairment that any reasonable

psychologist might make. Making the decision to be consoled by the reassurances of a friend and former classmate, instead of an unbiased professional, and failing to seek further consultation, shows a possible deeper problem, one that may be considered "more enduring aberrations in the psychologist's own personality" than a passing situation. As such, might you decide to leave the business of treatment and maybe take on other aspects of professional work?

2. Enter into personal psychotherapy immediately, and curtail your practice to working with individuals only.
3. Engage in extra supervision, and curtail your practice to working with individuals only.
4. Engage in peer consultation with office mates, and curtail your practice to working with individuals only.

