

Resolving Ethical Issues

Ethical Standard 1



CHAPTER OUTLINE

- Standard 1.01: Misuse of Psychologists' Work
- Standard 1.02: Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
- Standard 1.03: Conflicts Between Ethics and Organizational Demands
- Standard 1.04: Informal Resolution of Ethical Violations
- Standard 1.05: Reporting Ethical Violations
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STANDARD 1.01: MISUSE OF PSYCHOLOGISTS' WORK

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

A CASE FOR STANDARD 1.01: Innocent Oversight

Dr. Smith is a psychologist teaching health psychology at a university. Dr. Smith has published a review of the literature that points to the possibility that tai chi might be as effective for panic attacks and panic disorder as other, more traditional treatments, including pharmaceutical interventions. Her article recommends that further research be conducted before any changes in treatment can ethically be made for someone who has severe panic disorder. Dr. Smith approached the tai chi school in which she is a member to conduct research on tai chi and panic disorder. The founder of the tai chi school is an old family friend and was open to the idea of such collaboration. The partnership

between the university and the tai chi school progressed to a signed “memorandum of understanding” that indicated university-supported field research at the tai chi school would occur. A few weeks later, without Dr. Smith’s prior knowledge or consent, the tai chi school advertised “Stress Buster” seminars that promised to “cure” a number of conditions, including panic disorder. Dr. Smith’s participation was prominently cited in their advertising flier and website. Both Dr. Smith and the university’s contracts department reviewed the memorandum of understanding and noticed that the document did not include a clause that Dr. Smith or the university had to review and approve any advertisement released by the tai chi school.

Issues of Concern

It is not every day that psychologists enter into contractual agreements with private organizations for purposes of research. Though one would expect the university to have sufficient experience in forming and reviewing contracts, it can occur that some problems with the contracts may emerge later in collaboration with a contractual partner. The advertisement released by the tai chi school clearly misrepresents Dr. Smith’s work since tai chi cannot “cure” anxiety or panic. However, tai chi could probably help some individuals to reduce their anxiety. Standard 1.01 directs that Dr. Smith needs to “take reasonable steps,” which means Dr. Smith needs to take some sort of action. Areas of consideration may include the following questions: (1) Does Dr. Smith have the authority to change the advertisement? (2) What constitutes reasonable steps? For instance, would conducting a conversation with the tai chi school regarding the advertisement be sufficient to discharge the duty established by Standard 1.01?

APA Ethics Code

Companion General Principle

Principle A: Beneficence and Nonmaleficence

When conflicts occur among psychologists’ obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm.

The implementation of the nonmaleficence part of Principle A can be seen in Standard 1.01, with the admonishment to correct misunderstandings. For example, if a workshop participant is left to believe that enrollment in the tai chi seminars can replace his/her

medications for panic, then harm may come to the person through a panic attack. Taking steps to correct such a misunderstanding may prevent the harm caused by the mistaken belief that tai chi replaces medications.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology.

Allowing the advertisement to remain undisputed would not fulfill the aspirational principle of promoting accuracy, either in science or in practice.

Companion Ethical Standard(s)

Standard 5.01: Avoidance of False or Deceptive Statements

(a) Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

Dr. Smith did not design and publish the flyer advertising the seminar. Thus, she did not knowingly make false statements. However, once discovered, if Dr. Smith does not publicly address the exaggerations of the advertisement, she may be colluding/condoning false and deceptive public statements about her research.

Standard 5.02: Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

Standard 5.02 (a) makes the distinction between public statements that are paid for by Dr. Smith and those statements that are not at Dr. Smith’s request. It can be argued that since Dr. Smith did not engage the tai chi school to make public statements on her behalf that Standard 2.02 (a) does not apply.

Legal Issues



Texas

22 *Tex. Admin. Code* § 465.14(b) (2010). *Misuse of licensees’ services.*

If licensees become aware of misuse or misrepresentation of their services . . . , they take reasonable steps to correct or minimize the misuse or misrepresentation.

Pennsylvania

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

Principle 4 (a), Public Statements. Public statements, announcements of services, and promotional activities of psychologists serve the purpose of providing sufficient information to aid the consumer public in making informed judgments and choices . . . In public statements providing psychological information or professional opinions or providing information about the availability of psychological products, publications and services, psychologists base their statements on scientifically acceptable psychological findings and techniques with full recognition of the limits and uncertainties of the evidence.

Texas's code has the same directive as the American Psychological Association (APA) Ethics Code, which directs the psychologist to "take reasonable steps" to correct the advertisement. Pennsylvania law states that a psychologist's public statements should be based on "scientifically acceptable" findings but does not give a clear directive as to what should be done in this situation. A reasonable assumption might be that a psychologist living and practicing in Pennsylvania would be expected to correct the advertisement from the tai chi school so that its effect would be "scientifically acceptable findings." Dr. Smith could engage in peer consultation with other psychologists who have a record of advertising scientifically acceptable findings, and document the consultations to establish a record that she attempted to clarify how to advertise scientifically acceptable findings in an ethical manner.

Cultural Considerations

Global Discussion

Singapore Psychological Society:
Code of Professional Ethics

Principle 4: Misrepresentation

Psychologists do not . . . permit their names to be used in connection with, any services or products in such a way as to misrepresent them, the degree of their responsibility or the nature of their affiliation.

If Dr. Smith were practicing in Singapore, Dr. Smith should immediately disassociate herself from the tai chi school by not permitting her name to be used in the misrepresentation of her work. The tai chi school would be extremely alarmed that Dr. Smith would immediately

terminate all association with the school based on the advertisement.

American Moral Values

1. Dr. Smith has a relationship with both the tai chi school and the university. How does the value of her personal relationship with the tai chi school measure up to that of her professional relationship with the university? Dr. Smith may temper her reaction to the advertiser if she values the school founder as a friend and a valuable teacher for the larger community. She might not want her actions to cause the school to close, for example. On the other hand, her work as a scholar, the work of her field in general, and the reputation of her university as a scholarly institution depend on truthful claims about research. Does the tai chi school's mission of healing have greater value than the university's mission? Does that mission of healing help to excuse or offset the inaccuracies in the advertisement?
2. Dr. Smith may also consider the public effects of dissociating her research from the tai chi school. She may regard such a separation as an implicit indictment of the integrity and worth of the tai chi school, which would undermine respect for the school and tai chi in general. That kind of effect presumably conflicts with Dr. Smith's respect for tai chi's potential benefits and the school founder's personal virtue as a teacher. Dr. Smith might feel particularly torn because of tai chi's cultural status as "alternative" or "exotic" in America. If she feels such traditions have been unfairly judged by mainstream American culture, she may strive not to embarrass or delegitimize the school through her actions.
3. Dr. Smith's assessment of the tai chi school's motives will likely influence her reaction and approach to the situation. Was the tai chi school inflating the claims of a "cure" in order to increase their profit, with little concern for Dr. Smith's academic reputation? Or was the tai chi school staff instead confused by the nuance of research, with its enthusiastic advertising of research motivated by a desire to reach more people experiencing distress and panic? This moral evaluation may well guide to what degree Dr. Smith wants to work with the tai chi school moving forward (as opposed to clearing up this particular misunderstanding).
4. Dr. Smith's moral estimation of the tai chi school may involve a judgment about businesses versus the university. Does she believe the university should remain "above" the money-making necessities of a normal business? Does the advertisement corrupt the university's values of scholarship for its own sake?

Ethical Course of Action

Directive per APA Code

As directed by Standard 1.01, Dr. Smith should take “reasonable steps.” The first reasonable step means to have a conversation with the tai chi school to list her concerns and determine a course of action that would rectify the misrepresentation of Dr. Smith’s work.



Dictates of One’s Own Conscience

Beyond letting the tai chi school know of one’s concerns in a conversation, which of the following might you do?

1. Approach the tai chi school to determine the source of the misunderstanding in the advertisement based on your work and the nature of data collection. Depending on the motivation behind the advertisement, act accordingly.
2. Should you be rooted in the American culture, but know that the tai chi school is expecting something akin to behavior specified in the Singapore code, you would explain that holding a conversation in which one lists the concerns is required by American ethical standards and is not intended to signal intent to withdraw from the contractual agreement with the tai chi school.
3. Should both the tai chi school and you be very much rooted in the American culture, you would ask the school to replace the advertisement. The new ad should reflect accurate information in a manner that documents how your peers have engaged in this process so that their work is never misrepresented.
4. Should both the tai chi school and you be very much rooted in the American culture, you would personally deliver to each new student of the school adequate disclosure about the current state of the research findings regarding the health benefits of tai chi and your scientific findings about the health benefits.
5. Should both the tai chi school and you be very much rooted in the American culture, you would make an offer to reimburse fees if the student decides not to continue with the school.
6. Do a combination of the previously listed actions.
7. Do something that is not previously listed.

If you practiced in Singapore, which of the following would you do?

1. Speak to a mutually trusted family friend to relay the concerns regarding the advertisement material to end the misrepresentation. In this manner, the tai chi school learns about the concerns of Dr. Smith.
2. Cease all contact with the tai chi school.



STANDARD 1.02: CONFLICTS BETWEEN ETHICS AND LAW, REGULATIONS, OR OTHER GOVERNING LEGAL AUTHORITY

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

A CASE FOR STANDARD 1.02: Legal Mandate or Not?

Linda is a 16-year-old adolescent. Her parents are both police officers. Linda is seeing Dr. Johnson for therapy and carries a diagnosis of oppositional defiant disorder. In a session, Linda told Dr. Johnson that she recently made a good decision in a bad situation. During lunch she was with a group of kids when one kid, Robert, began arguing with her boyfriend, Michael. Evidently, Michael had stolen some marijuana from Robert’s home. Robert threatened to tell Michael’s parents so they would “kick Michael’s ass!”

Michael then drove off the school grounds with Linda in the car. He drove to his house and pulled a loaded gun from his father’s gun case, saying, “I’m going to get Robert after school today.” Linda reported to Dr. Johnson that this is when she made a good decision: She left and told Michael he is “just too much!” Linda then said to Dr. Johnson, “Oh, well, you probably know this already since Michael comes to therapy here, too. He sees Dr. Williams.”

Issues of Concern

Laws that mandate or permit psychologists to make known either to the intended victim and/or to

law enforcement authorities a threat of physical harm to another person are generally referred to as “duty to protect.” North American jurisdictions have diverse responses to the law stating one’s duty to protect, and the laws of each jurisdiction should be checked carefully. Currently, 23 states impose a duty to protect by statute, and 9 states have a common-law duty as a result of court cases; 13 other states permit but do not mandate the breach of confidentiality to warn potential victims, and 7 states have not ruled on the issue. In Canada, six provinces have no statutory or case law related to the issue, and seven provinces allow but do not mandate disclosure of dangerousness to third parties (Benjamin, Kent, & Sirikantraporn, 2009).

Standard 1.02 obligates a psychologist to clarify the nature of the conflict between ethics and the law. In this case, depending upon which state Dr. Johnson is practicing in, the conflict may arise between the Standard 4.01 for confidentiality and a mandate to comply with the law for duty to protect. However, Michael is not Dr. Johnson’s client, thus the law in some states may not apply in this case. Even so, there may still be a moral obligation of beneficence that applies, regardless of whether Michael is Dr. Johnson’s client or not. Therefore, the question is as follows: Should Dr. Johnson report Michael’s intent to harm Robert? Is Dr. Johnson responsible for protecting Robert from Michael based on confidential information provided by Linda?

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 general, psychologists remain aware of taking any actions that might harm Linda, the identified client who is engaged in treatment. Does the principle of “do no harm” extend out to Michael, Linda’s friend and client of an office colleague?

Principle B: Fidelity and Responsibility

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

Linda’s comment of “you probably know this already,” seems to have an implied expectation that

communication and client information is shared between psychologists in the same office suite. In most cases, clients’ trust in large part is based on their knowing when and where psychologists disclose client information. Trust is not necessarily best developed from the adherence to total confidentiality. Linda’s trust may increase if she thinks Dr. Johnson can keep her and her friends from harm.

Companion Ethical Standard(s)

Standard 4.01: Privacy and Confidentiality; Standard 4.04: Minimizing Intrusions on Privacy

... (b) Psychologists discuss confidential information obtained in their work only for appropriate ... professional purposes and only with persons clearly concerned with such matters.

Information obtained through Linda during a treatment session is clearly confidential. If Dr. Johnson were to discuss any information, it would “only be with persons clearly concerned.” In this case, persons concerned may include Dr. Williams, school authorities, the police, Robert and his parents, Michael and his parents, and/or Linda’s parents.

Standard 4.02: Discussing the Limits of Confidentiality

... (b) ... The discussion of confidentiality occurs ... thereafter as new circumstances may warrant.

If discussions were to occur between Dr. Johnson and anyone else, Standard 4.02 (b) would direct Dr. Johnson to first have a discussion about limits of confidentiality with Linda.

Legal Issues



Georgia

Ga. Code Ann. § 43-39-16 (2008).

Client communications with psychologists “are placed upon the same basis as those provided by law between attorney and client.” Georgia attorneys must maintain confidences and preserve secrets of their clients (Ga. Code Ann. § 15-19-4(3) [2008]). Communications between attorneys and clients are not admissible in court (Ga. Code Ann. § 24-9-21 [2008]).

In light of this foundation, clients have extensive confidentiality protections. The Georgia courts have adopted

§ 319 of the Second Restatement of Torts, and have found that mental health professionals have a duty to warn or protect third persons only when the clinician has control over the client (because the client is within an inpatient setting) and knows or should know that the client is likely to harm others (*Bradley Ctr., Inc. v. Wessner*, 296 S.E.2d 693 [Ga. 1982]; *Swofford v. Cooper*, 360 S.E.2d 624 [Ga. Ct. App. 1987], *aff'd*, 368 S.E.2d 518 [Ga. 1988]; *Jacobs et al. v. Taylor et al.*, 379 S.E.2d 592 [Ga. Ct. App. 1989]) found no duty to report for generalized threats nor if the victim knew of the client's violent tendencies.

New Jersey

N.J. Stat. Ann. § 2A:62A-16 (West 2000).

A duty is imposed to warn or protect when a client communicates a threat of “imminent, serious physical violence against a readily identifiable individual or against himself and the circumstances are such that a reasonable professional . . . would believe the client intended to carry out the threat.” The mental health professional discharges the duty by arranging for the client to be voluntarily hospitalized, initiating procedures for involuntary commitment, notifying law enforcement of the client's threat and the victim's identity, warning the intended victim, warning the victim's parent or guardian if the victim is under 18, or warning the client's parent or guardian if the client is under 18 and threatening suicide or “bodily injury.” The duty is discharged if the psychologist takes any one of these actions, and the psychologist may also take more than one action.

Since Dr. Johnson does not treat Michael, Dr. Johnson cannot independently ascertain the validity of Linda's claim that Michael intends to harm Robert. Under the laws of Georgia and New Jersey, no duty exists because Michael is not a client.

Cultural Considerations

Global Discussion

Code of Ethics for the Psychologist: Spain

Article 65. Should a psychologist find that adverse or incompatible rules, whether in law or contained in this Code of Ethics, come into conflict in a specific case, he/she must resolve it according to his or her conscience, informing to the different parties involved and the College's Deontological Committee.

When an ethical obligation to keep client confidentiality conflicts with a duty to protect, the Spanish

psychologist must seek some sort of resolution that satisfies the dictates of her own conscience, the knowledge of involved parties, and the Psychological Society of Spain. Article 65 also seems to suggest that whatever decision the psychologist comes to, she will need to communicate that resolution to Spain's Ethics Committee itself.

American Moral Values

1. Psychologists give the promise of confidentiality implicitly by holding the information divulged in treatment sessions private, and they explicitly delineate the limits of confidentiality at the onset of treatment. What is the value of the confidentiality between Dr. Johnson and Linda compared to the threat of violence between Michael and Robert? Part of Dr. Johnson's thinking may be shaped by a judgment about guns as instruments of violence. The level of violence inherent in the possession of a gun is much greater than if Michael had obtained a Swiss Army knife and made the same threats, for example. The lethal power of guns can give Dr. Johnson more urgency to prevent Michael from committing an act of violence.
2. Dr. Johnson might not break confidentiality about Michael if Linda's revelations do not seem credible. Here again, the associations with guns could play a role in the judgment, as people generally do not doubt the honesty or the accuracy of the reporter when guns are involved. On the other hand, Linda's romantic relationship with Michael may cause Dr. Johnson to wonder if Linda is observing and reporting the interactions melodramatically or from a position of overly fearful vulnerability.
3. The question of Linda's revealing her confidences can involve a moral picture of romantic relationships. A girlfriend and boyfriend might be thought to have a degree of fidelity and intimacy between them in terms of what they share together. What if Linda believes that her relationship with Michael is the only thing holding her together and helping her get through a tough time in life? For Linda to relay intimate information to Dr. Johnson may give more credence to the validity of her report and lead Dr. Johnson to feel more compelled to act. This may be especially true in the case of young love or first love, which generally carries heavier emotional weight for those involved. Thus revealing a “secret” of what was said in private could make Linda's report more believable and compelling than if Linda was a middle-aged woman.
4. Linda's offhand comment “You probably knew that already” suggested she might not know about

confidentiality as a clinical standard of practice. Would that knowledge have changed her decision in revealing that Michael's seeing Dr. Williams? Would it change how she felt about Dr. Johnson acting on her tip? Before acting on Linda's information, Dr. Johnson may want Linda to know the implications of client–therapist confidentiality so that Linda could reconsider the implications of what she has shared and what she wants to happen on that basis.

5. From what Linda has told Dr. Johnson of Michael, Dr. Johnson might consider what Michael will do if he finds out that Linda has told Dr. Johnson about the gun and that Michael sees Dr. Williams. Is Michael's danger to Robert much clearer and more urgent than any threat he poses to Linda?

Ethical Course of Action

Directive per APA Code

If you were working in Georgia or New Jersey, there would be no conflict between the standard of confidentiality and the law because Michael is not Dr. Johnson's client. The primary focus remains on the treatment relationship between Dr. Johnson and Linda. The primary topic remains one of confidentiality. As directed by Standard 4.02 (b), Dr. Johnson should reconsider with Linda the applied meaning of confidentiality.



Dictates of One's Own Conscience

Beyond having a discussion to reconfirm that what Linda says in treatment stays confidential unless mandated by law, what might you do?

1. Address the secondary topic of trust—that is, whether Linda can trust you to provide protection to her boyfriend from his possible impulsive actions and protection of the relationship she has with her boyfriend.
2. Explore the situational application of Principle B: Fidelity & Responsibility that is, for you to take a course of action in such a way that does not surprise Linda or leave her to wonder why you took a certain course of action. This might mean exploring with Linda the possible implications of all parties concerned (i.e., Linda and you, Linda and Michael, Linda and her parents, Linda and Robert, Michael and his parents, Michael and Robert) should it be revealed that Linda gave consent for information to be passed on to Dr. Williams.

3. Discuss the situation with Dr. Williams based on the knowledge that Linda has provided a waiver of her confidentiality by her statement “you probably know already” and your following up with her by confirming that she expects you to talk with Dr. Williams.
4. Ask Linda for release of confidential information to talk to Dr. Williams, followed by an explanation that only with Linda's full knowledge and consent would you disclose information about Michael to Dr. Williams.
5. Invite Linda to meet with Dr. Williams and explain her concerns to Dr. Williams. You should inform Linda that by doing so she would waive her right to confidentiality about the issues that emerge during the discussion with Dr. Williams and that such a conversation may have an impact on her relationship with Michael.
6. Explore the incident further to decide if there is reason to believe someone's life is in serious danger. If yes, then discuss limits of confidentiality and duty to warn. If not, then explore future options for Linda if it may happen again—who can she report to and what can she do to keep herself safe?
7. Do a combination of the previously listed actions.
8. Do something that is not previously listed.

If you were practicing in Spain, what might you do?

1. Contact a member of the College's Deontological Committee for consultation?
2. Consider that the word *deontological* can be roughly understood to mean rules or rules for the role of psychology? You would decide which rules are the most relevant for this situation. It may be less important which rules are chosen but that the duty of the role is explicitly articulated. Decide which rules to follow, and then let everyone concerned know of your value stance.
3. Inform the College's Deontological Committee about your decision?



STANDARD 1.03: CONFLICTS BETWEEN ETHICS AND ORGANIZATIONAL DEMANDS

If the demands of an organization with which psychologists are affiliated or for whom they are working 2010 Amendment to this standard has added . . . working are

in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

A CASE FOR STANDARD 1.03: William and the Dog

William is a psychology intern in a minimum-security prison. He has been treating Barbara for about 6 months. Barbara has a history of previous trauma. Her presenting problem for treatment was trust related. In the course of treatment, Barbara repeatedly discussed how she likes her work in the prison's canine training program, but she dislikes the fellow inmates who do not know how to work with the dogs. One day Barbara was especially agitated. She decided to trust William with her real concerns and tell him an inmate abused one of the dogs. Barbara wanted William to do something to help the dog. However, fearing retaliation inside the prison, Barbara did not want William to tell anyone that she was the one who said something. In addition, Barbara would not reveal the name of the alleged abuser. William reassured Barbara the content of therapy is confidential and the situation can be taken care of without naming names.

William sought guidance from his supervisor regarding how best to proceed with an anonymous report. William's supervisor said prison policy requires immediate identification and a report of anyone who abuses the animals in the canine training program. Further, unless William identified his patient, he would be considered to be insubordinate and risk being dismissed from the internship.

Issues of Concern

Employees have a duty to uphold the policy and procedures of the employing organization. At the same time, psychologists are bound to maintain confidentiality of their clients. William would most likely feel caught between not wanting to lose Barbara's trust and damage the therapeutic relationship, the wish to protect her from the high probability of physical assault if he identifies her, and the personal wish to maintain his good standing in the internship.

APA Ethics Code

Companion General Principle

Principle C: Integrity

Psychologists strive to keep their promises and to avoid unwise or unclear commitments . . .

Psychologists are trained to maintain client confidentiality. In line with his training, William reassured Barbara that confidentiality could be maintained. Keeping to the aspiration of Principle C: Integrity would guide William to keep Barbara's identity confidential.

Companion Ethical Standard(s)

Standard 4.05: Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient . . . unless prohibited by law.

Standard 4.05 directs William to reveal Barbara's identity only if he had appropriate consent from Barbara. In this case, he not only does not have consent; he actually has an explicit prohibition from Barbara against revealing her identity.

Standard 4.01: Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through . . . any medium, recognizing that the extent and limits of confidentiality may be . . . established by institutional rules . . .

Standard 4.05 (a) says William has the primary obligation of keeping Barbara's identity confidential. Since he is conducting treatment in a prison, Standard 4.01 also says the extent of confidentiality would be established by the policies and procedures of the prison. Standard 4.01 would lead William to reveal Barbara's identity. Standard 4.01 appears to be in conflict with the directives of Standard 1.03. Standard 4.01 obligates psychologists to recognize the limits of confidentiality as regulated by institutional rule, and would mean revealing Barbara's identity. At the same time, Standard 1.03 obligates psychologists to act in such way to be consistent with the APA Ethics Code General Principle and Ethical Standards, and to uphold Standard 4.05 (a) by not revealing Barbara's identity.

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 . . . (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.

Standard 4.02 (a) and (b) directs William to have had a discussion with Barbara about the limits of confidentiality at the onset of the therapeutic relationship and as new occasions arise. It was appropriate for Barbara to have raised the issue of confidentiality before she revealed information that was potentially dangerous to her own safety.

Standard 4.02 directs William to have discussed the limits of confidentiality before entering into any services with a client in an institutional context and memorialized in writing within the chart notes. Raising the limits of confidentiality both orally and in writing is a way to prevent any confusion and engage in sufficient informed consent to provide services. However, Standard 1.03 directs William to follow the institutional policies, regardless of whether those policies conflict with other ethics code standards.

Standard 2.01: Boundaries of Competence

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

William was not competent to provide treatment with a prison population by virtue of his student intern status. However, it could be argued that William was practicing within his boundaries of competency since he was under supervision of someone who knew the policies of the institution. This standard would guide William to defer to his supervisor, reveal Barbara's identity, and to request the identity of the animal abuser be revealed.

Legal Issues**Virginia**

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

. . . (5) Avoid harming patients . . . for whom they provide professional services and minimize harm when it is foreseeable and unavoidable.

. . . (7) Withdraw from, adjust, or clarify conflicting roles with due regard for the best interest of the affected party or parties and maximal compliance with these standards.

. . . (9) Keep confidential their professional relationships with patients or clients and disclose client records to others only with written consent except: (i) when a patient or client is a danger to self or others, (ii) as required under § 32.1-127.1:03 of the Code of Virginia, or (iii) as permitted by law for a valid purpose.

Florida

Fla. Admin. Code Ann. r. § 64B19-19.006 (2010). Confidentiality.

. . . Licensed psychologists in . . . subacute . . . settings should inform service users when information given to the psychologist may be available to others without the service user's written consent. Similar limitations on confidentiality may present themselves . . . in each similar circumstance, the licensed psychologist must obtain a written statement from the service user which acknowledges the psychologist's advice in those regards. This rule is particularly applicable to supervisory situations wherein the supervised individual will be sharing confidential information with the supervising psychologist. In that situation, it is incumbent upon the licensed psychologist to secure the written acknowledgement of the service user regarding that breach of confidentiality.

Both Virginia and Florida call for the limitations of maintaining confidentiality being consented to in advance of the clinical relationship. If the client provided a release, the psychologist-in-training could release her identity. It is doubtful that such a release would be given because of the likelihood of reprisals. The psychologist-in-training should maintain the confidences under the laws of both of these jurisdictions.

Cultural Considerations**Global Discussion**

Singapore Psychological Society:
Code of Professional Ethics

Principle 7: Client welfare.

. . . The psychologist in . . . situations in which conflicts of interest may arise among various parties, as . . . between the client and employer of the psychologist, defines . . . the nature and direction of his or her loyalties, and responsibilities and keeps all parties concerned informed of these commitments.

If William was treating Barbara in Singapore, William would be obligated to define for himself his responsibilities to both his employer, the prison, and Barbara, his client, decide the “direction of his loyalties,” and communicate his intentions to all parties involved. As part of a collective culture like Singapore, William’s loyalties are likely to be torn more in the direction of the benefit of the whole or larger number, rather than that being secondary to his own internship, career, or personal wishes.

American Moral Values

1. What value does William place on earning his degree and graduating as opposed to earning and keeping Barbara’s trust? The value William holds in completing his internship and earning his degree seem to be set in opposition to the professional standard of confidentiality.
2. Individuals who find themselves in a highly structured environment with no realistic option for exit, such as a prison, hold a much smaller degree of freedom to form other relationships. Given Barbara’s confinement, William might weigh his involvement with Barbara more seriously than if Barbara had the ability to seek out another psychologist for treatment. What will be the impact on Barbara of a ruined relationship with William?
3. William’s treatment of Barbara may involve his moral image of prisoners. To the degree he believes that Barbara is most likely responsible for committing a crime, and/or rightly punished by serving in prison, he might be more inclined to think she has given up normal rights to privacy, even for reasons of personal safety.
4. William might also morally object to the way the American penal system treats prisoners. Barbara may represent a person who is trying, against the grain of prison authorities’ assumptions, to improve herself. Should William go the “extra” mile to rebuild trust between Barbara and a person vested with the authority he has?
5. Does the prison policy of mandating that one report all mistreatment of the guide dogs reflect the value of individual responsibility? The dogs are not serving time for crimes committed, whereas prisoners are incarcerated as a result of their own action. Does the protection dogs deserve outweigh concerns for how prisoners may treat each other?
6. The dogs are helpless animals that cannot protect themselves against mistreatment, whereas Barbara, as a human, can protect herself more. Even though Barbara fears for her safety, can anyone else protect the dogs if he does not speak up?

Ethical Course of Action

Directive per APA Code

Following the directive of Standard 1.03, William needs to let his supervisor know of his wish to adhere to Standard 4.05 (a) disclosure and engage in an exploration of ways to resolve the situation that permits him to keep to Standard 4.05(a). As specified in Standard 1.03, psychologists then need to take reasonable steps to resolve this conflict in such a way that William is able to uphold the ethics code.



Dictates of One’s Own Conscience

Standard 1.03 directs William to do something consistent with the ethics code. If you were William, what might you do?

1. Resolve to read the institutional policy and procedures manuals during initial orientation in any future jobs. The limitations for protecting the confidentiality of clients within an institutional setting should be delineated clearly in the procedures manual.
2. Reveal the identity of all parties involved to your supervisor immediately.
3. Refuse to reveal the client’s identity in accordance with the ethics code.
4. Return to Barbara and explain that before any promises were made to keep the dog abuse confidential, he should have stopped her and reviewed the confidentiality policies of the prison with her, then proceed to reveal the identities of all parties involved.
5. Return to Barbara to tell her about the policies, and let her know you will be revealing the identities of all involved in order to protect the welfare of the dogs, then proceed to reveal the identities of all parties involved.
6. Ask Barbara to provide a release so that information may be revealed with Barbara’s consent. If Barbara refuses to sign a release, then refuse to reveal the identity of the client to your supervisor on the grounds of confidentiality.
7. Ask Barbara to meet with the supervisor to determine some method by which to protect her identity while protecting the dog, and preventing the dog’s abuser from having unfettered access to other dogs. If Barbara refuses, you would refuse to reveal the

identity of the client to your supervisor on the grounds of confidentiality.

8. Do a combination of the previously listed actions.
9. Do something that is not previously listed.

If you were practicing in Singapore, what might you do?

1. It is highly improbable that a supervisor would give the ultimatum of either breaking your promise of confidentiality or losing your internship.
2. Staying focused upon your obligation is to protect the welfare of the person with whom your work is undertaken. This means your primary obligation is to protect Barbara's welfare, secondarily to protect the welfare of the dog, and tertiarily to protect your own welfare.
3. As referenced in Singapore's Code of Professional Ethics Principle 7.1, you first define for yourself the nature and direction of your loyalties and responsibilities and then to keep all parties informed about these commitments. As you have already promised Barbara that information would be kept confidential, you have already defined the direction of your loyalty. All that is left for you to do is to let the institution and Barbara know the direction of your loyalty.



STANDARD 1.04: INFORMAL RESOLUTION OF ETHICAL VIOLATIONS

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

A CASE FOR STANDARD 1.04: The European Vacation—Part I

Dr. Jones shares a two-office suite with three other psychologists. Mary is in treatment with Dr. Jones. Mary's daughter, 16-year-old Patricia, is in treatment with one of Dr. Jones's office mates, Dr. Brown. Dr. Jones and

Dr. Brown are office mates but see each other very sporadically since they do not have overlapping office days. Mary reported that her daughter is in treatment for depression. In session, Mary talked about planning for a vacation to Las Vegas with her husband during the time her daughter Patricia was on a European vacation trip with Dr. Brown. It appears that Dr. Brown had offered to pay all expenses for Patricia to join him and his wife for this trip to Europe. Dr. Brown told Mary that this trip would build Patricia's self-esteem by allowing Patricia to give comfort to Mrs. Brown, who has been depressed since the couples' youngest child left home for college.

Issues of Concern

At face value, taking a 16-year-old patient on a European vacation is incongruent with standard practice for outpatient treatment of depression. However, Patricia is not Dr. Jones's patient, thus cannot make known her opinion regarding the European vacation. Unless Mary gives consent for Dr. Jones to discuss any aspect of the European vacation with Patricia, it is unclear whether Dr. Jones may do so without violation of Standard 4.01: Confidentiality. A question to consider in this situation is this: Does conversing with an office mate constitute violation of confidentiality rights of the client?

APA Ethics Code

Companion General Principle

Principle B: Fidelity and Responsibility

Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct.

In general, psychologists are aware of our professional standing in society. Specifically, psychologists are aware of our own professional standing in the community within which we practice. In light of Principle B, Dr. Jones's professional association with Dr. Brown makes Dr. Brown's conduct of concern to Dr. Jones.

Companion Ethical Standard(s)

Standard 3.04: Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients . . . and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

The primary concern in this situation is the possible harm to Patricia should she be permitted to go with Dr. Brown on his family vacation to Europe. Standard 3.04 directs Dr. Jones to take reasonable steps to avoid harm to “others with whom they work.” The question here is whether Patricia or Dr. Brown falls under the category of others with whom Dr. Jones works.

Standard 4.05: Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the . . . individual client . . . unless prohibited by law. (b) Psychologists disclose confidential information without the consent of the individual only as mandated by law . . . (3) protect the client/patient, psychologist . . . from harm; . . . in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

Standard 4.05 (a) directs Dr. Jones to have only a discussion with Dr. Brown with the full knowledge and consent of Mary, her own client. Under circumstances specified in Standard 4.05 (b) Dr. Jones could disregard the directive of Standard 4.05 and discuss the case with Dr. Brown, regardless of the wishes of her client Mary. If Dr. Jones were to talk to Dr. Brown, she would be acting under the directive of Standard 4.05 (b) (3) “protect . . . others from harm.”

Standard 2.04: Bases for Scientific and Professional Judgments

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

There is no known current scientific or professional knowledge that would justify Dr. Brown taking a client on vacation for the benefit of his wife. Thus Dr. Brown is in violation of Standard 2.04.

Legal Issues



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.

Mass. Ann. Laws ch. 112, § 129A (LexisNexis 2003).

All communications between a licensed psychologist and the individuals with whom the psychologist engages

in the practice of psychology are confidential . . . No psychologist . . . shall disclose any information acquired or revealed in the course of or in connection with the performance of the psychologist’s professional services . . . except under the following circumstances:

. . . (b) upon express, written consent of the patient . . .

Ohio

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

(C) Welfare of the Client:

(4) Dependency.

Due to inherently influential position, a psychologist . . . shall not exploit the trust or dependency of any client . . . with whom there is a professional psychological role . . .

(G) Confidentiality.

(1) Confidential information is information revealed by an individual . . . obtained as a result of the professional relationship between the individual(s) and the psychologist . . . Such information is not to be disclosed by the psychologist . . . without the informed consent of the individual(s).

(a) When . . . interacting with other appropriate professionals concerning the welfare of a client, a psychologist . . . may share confidential information about the client provided that reasonable steps are taken to ensure that all persons receiving the information are informed about the confidential nature of the information being shared and agree to abide by the rules of confidentiality.

(J) (4) Reporting of Violations to Board.

A psychologist . . . who has substantial reason to believe that another licensee . . . has committed an apparent violation of the statutes or rules of the board that . . . is likely to substantially harm a person . . . when the information regarding such violation is obtained in a professional relationship with a client, the psychologist . . . shall report it only with the written permission of the client . . .

Both Massachusetts and Ohio law would preclude the informal resolution process contemplated by APA Ethics Code Standard 1.04 without an explicit release of the mother’s confidential material being provided by the mother, Mary. If a release were provided, Massachusetts would permit the informal resolution process. Ohio, on the other hand, directs Dr. Jones to engage in the filing of a complaint to the licensing board if in Dr. Jones’s view the behavior of Dr. Brown is likely to cause substantial harm to Patricia, the client of the offending psychologist.

In Ohio, Dr. Jones is not to approach Dr. Brown to engage in an informal conversation since it would violate confidentiality.

Cultural Considerations

Global Discussion

Canadian Code of Ethics

Responsibility of the individual psychologist.

The discipline's contract with society commits the discipline and its members to act as a moral community . . .

(1) To bring concerns about possible unethical actions by a psychologist directly to the psychologist when the action appears to be primarily a lack of sensitivity, knowledge, or experience, and attempt to reach an agreement on the issue and, if needed, on the appropriate action to be taken.

If Dr. Jones was practicing in Canada, and if she assumes that Dr. Brown's actions were likely the result of a lack of sensitivity, knowledge, or experience, the code would direct her to have an immediate discussion with Dr. Brown first. Because the Canadian code charges members with accountability for the education and training of new members, it is the responsibility of both psychologists to attempt an agreement regarding what, if any, corrective action needs to be taken. "Appropriate action" would likely vary and is entrusted to the psychologists involved to decide.

American Moral Values

1. Dr. Jones's confidentiality with Mary conflicts with a possible need to intervene in Dr. Brown's decision about Patricia. What are the consequences to the client-therapist relationship if Dr. Jones breaks confidentiality? Is Mary trying to draw Dr. Jones into making a decision for her about Patricia? Dr. Jones may consider how Mary's own therapeutic needs will be affected by this situation, despite the fact that she seems fine with Patricia's vacation plan.
2. Dr. Jones must also consider whether Dr. Brown's decision could be harmful enough to Mary and Patricia to merit breaking confidentiality. Is Patricia, as a minor, old enough to make this decision? Is Dr. Brown making it for her? Should a therapist be inviting a client into a personal and familial relationship, especially given the power dynamic of a teenage client with an older therapist? Dr. Jones may feel that Patricia is in need of protection from the

dysfunctional character of this vacation, whether or not Mary recognizes it.

3. Familial relations can carry a special cultural and emotional significance in terms of closeness and privacy. On the one hand, Dr. Brown seems to be eliding the boundary between his client Patricia and his own family. In particular, Dr. Jones must consider what role Dr. Brown sees Patricia fulfilling for his depressed wife. At the same time, if Dr. Jones intervenes with Dr. Brown she may also be seen as meddling in Mary and Patricia's mother/daughter relationship. As her client and Patricia's mother, does Mary need to give Dr. Jones consent before contacting Dr. Brown about the situation?
4. Dr. Jones could also consider how "standard practice" has changed over time. At one time in the history of psychological treatment, it was not out of the question for treating professionals to avoid abandoning their clients by taking them along on vacation. Is it possible that Dr. Brown's approach, regardless of how inappropriate it could seem to others, would work for Patricia?
5. Considerations of class may be appropriate for Dr. Jones's deliberation. Does Dr. Jones give a fair value to Mary's decision to go to Las Vegas, given its connotations for some educated professionals? Might Dr. Jones consider Mary's position differently if Mary had needed time away to care for a sick mother? Likewise, does Dr. Brown's choice of a European vacation change its perceived value as an experience for Patricia (given its positive associations for many Americans as an opportunity for education and self-refinement)?
6. Dr. Jones must also confront the example she and Dr. Brown could set for other psychologists, as well as the public example that could appear to the larger community. Is Dr. Brown's decision a poor example upon which others might base their opinion of psychologists, especially since news of such an unusual move might "get out" into the community? Dr. Jones might value her own professional reputation in the community in such a way as to ensure her office mates work within the usual and customary standards of practice (presumably not taking one's client on vacation).
7. Dr. Jones may value the harmonious relationship she has with her office mates (including Dr. Brown) at this point, and she may not wish to disturb the smooth running of the office by bring up difficult items based on the report of a client, which may or may not be true. What value does that collegiality and camaraderie have set against this vacation and its implication for Mary and Patricia?

Ethical Course of Action

Directive per APA Code

Standard 1.04 would guide Dr. Jones to, at a minimum, have an informal discussion with Dr. Brown. This standard directs that this conversation should occur only if such a discussion does not violate Mary's confidentiality rights. However, if Dr. Jones were practicing in Ohio, a Standard 1.02 conflict between ethics/law would arise and Dr. Jones is not to approach Dr. Brown for such a conversation since it would violate the confidentiality law.



Dictates of One's Own Conscience

Beyond having a conversation with Dr. Brown, if you were practicing in Massachusetts and actions as directed by Standard 1.04, what might you do?

1. For your own deliberations regarding this situation, through casual inquiry, consider consultation with other psychologists to explore the best course of action and whether the ethical and legal standards appeared to be blurred by such a trip.
2. Obtain information about the standards of psychology practice and vacationing with one's client and then share the information which can be shared with Mary.
3. Protect the therapeutic alliance between Dr. Jones and Mary and explore with Mary the idea of holding a joint meeting with Dr. Brown. The purpose of such a joint meeting would be to raise questions about the European vacation and whether such a trip should occur.
4. Do a combination of the previously listed actions.
5. Do something that is not previously listed.

If you were practicing in Canada, what would you do?

1. Discuss the situation with Dr. Brown by first inquiring as to why Dr. Brown thinks taking Patricia on his family vacation is a good idea.
2. Endeavor to explore with Dr. Brown the scientific and professional basis for taking a patient on a family vacation.
3. Tell Dr. Brown that he has failed to identify any valid scientific and professional basis for taking Patricia on the European vacation and that he should not do it.



STANDARD 1.05: REPORTING ETHICAL VIOLATIONS

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04: Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

A CASE FOR STANDARD 1.05: The European Vacation— Part II

Continuing from A Case for Standard 1.04: The European Vacation—Part I, Dr. Jones asked Mary for permission to discuss the matter with Dr. Brown. Mary said that Patricia is very sensitive and does not want her mother to interfere with Patricia's treatment. In addition, Mary has not had a vacation with her husband for some time and thinks this trip would very much help the marriage. Without client consent to reveal confidential information, Dr. Jones did not approach Dr. Brown. Time passes, and Mary and her husband have had a good holiday. Patricia has returned from vacation with Dr. Brown. Mary reported that the after-effect of the vacation on Patricia appears to be positive in that Patricia is not depressed anymore. However, now Patricia is defiant, and Mary thinks Dr. Brown has undermined her parental authority and positive relationship with her daughter. Mary now thinks it was a bad idea for Patricia to have gone on vacation with Dr. Brown. Mary asked Dr. Jones what can be done about what Mary now thinks is a bad relationship between Dr. Brown and her daughter, Patricia.

Issues of Concern

Dr. Jones now has an after-the-fact situation that is not amenable to informal resolution under Standard 1.04. Is there sufficient concern about

unprofessional conduct for Dr. Jones to take further action or cause Mary to take further action? Is the violation of such gravity to merit contacting either the national committees on professional ethics or the state licensing board?

APA Ethics Code

Companion General Principle

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.

With the passage of time and further unfolding of events, Mary sees the harm from her daughter going on a European vacation with Dr. Brown. Aspirations based on Principle A would allow Dr. Jones to act in the highest good for “other affected persons,” namely Patricia.

Principle B: Fidelity and Responsibility

Psychologists are concerned about the ethical compliance of their colleagues’ . . . professional conduct.

In general, psychologists are aware of our professional standing in society. Specifically, psychologists are aware of our own professional standing in the community within which we practice. Even with the passage of time and unfolding of events, Principle B still holds. Dr. Jones’s professional association with Dr. Brown makes Dr. Brown’s conduct of concern to Dr. Jones.

Companion Ethical Standard(s)

Standard 4.05: Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the . . . individual client. . .

Dr. Jones has implicit consent from Mary to break confidentiality to file a complaint or cause Mary to file a complaint against Dr. Brown.

Standard 1.04: Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to

resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

Unlike the vignettes appearing before the European Vacation, this standard no longer applies. Informal resolution is no longer possible given the gravity of the event and the fact that Mary now wishes to file a formal complaint.

Legal Issues



Texas

22 Tex. Admin. Code § 465.1 (2010). Definitions.

. . . (2) “Dual Relationship” means a situation where a licensee and another individual have both a professional relationship and a non-professional relationship. Dual relationships include . . . personal friendships, . . . family . . . ties, . . .

22 Tex. Admin. Code § 465.13 (2010). Personal problems, conflicts and dual relationships.

. . . (b) Dual relationships.

(1) A licensee must refrain from entering into a dual relationship with a client . . . if such a relationship presents a risk that the dual relationship could . . . exploit or otherwise cause harm to the other party.

. . . (6) A licensee in a potentially harmful dual or multiple relationship must cease to provide psychological services to the other party, regardless of the wishes of that party.

Washington

Wash. Admin. Code § 246-924-357 (2009). Multiple relationships.

The psychologist shall not undertake or continue a professional relationship with a client . . . because of the psychologist’s present . . . social, . . . emotional, . . . with the client. . . When such relationship impairs objectivity, the psychologist shall terminate the professional relationship with adequate notice and in an appropriate manner; and shall assist the client in obtaining services from another professional.

Wash. Rev. Code Ann. § 18.130.180 (West 2010). Unprofessional conduct.

The following conduct . . . constitute[s] unprofessional conduct for any license holder under the jurisdiction of this chapter:

... (4) ... malpractice which results in injury to a patient. . .

Wash. Admin. Code § 246-16-220 (2009). Mandatory reporting—How and when to report.

(1) Reports are submitted to the department of health. The department will give the report to the appropriate disciplining authority for review, possible investigation, and further action

... (b) ... Reports of unprofessional conduct are submitted to the department.

In both Texas and Washington, Dr. Brown has engaged in a dual or multiple relationship with his client. Texas law has no mandatory duty to report another license holder. Washington's duty to report is necessary under the current law given the circumstances of this particular case.

Cultural Considerations

Global Discussion

Canadian Code of Ethics

Responsibility of the individual psychologist.

The discipline's contract with society commits the discipline and its members to act as a moral community . . .

... (2) To bring concerns about possible unethical actions of a more serious nature (e.g., actions that have caused . . . serious harm, or actions that are considered misconduct in the jurisdiction) to the . . . body(ies) best suited to investigating the situation and to stopping or offsetting the harm.

Dr. Jones has an ethical obligation in acting as an agent of a "moral community" charged with care and responsibility of others to bring matters of obviously serious misconduct to the attention of the investigating body of that province involved. While it may not be possible to stop harm as item 2 of this standard dictates, certainly harm can be offset for Mary and Dr. Brown's future clients if Dr. Jones brings her concerns to the attention of the ethics board. It does not have to be shown in this case that Mary herself has to have undergone "serious harm" if Dr. Brown's actions are egregious enough to be considered "misconduct."

American Moral Values

1. Given that Mary initially did not give consent for Dr. Jones to intervene before Patricia went on vacation with Dr. Brown, how does Dr. Jones justify intervening

now that Mary is upset with the aftermath? Does her role as therapist to Mary include an attempt to address her daughter's defiance, or should Dr. Jones concentrate on Mary's own ability to confront that behavior?

2. Dr. Jones may have a less sympathetic moral assessment of Mary's complaint, since Mary seemingly placed greater value on helping her marriage with the Las Vegas trip than on protecting Patricia from a possibly harmful situation with her therapist. Is it self-serving for Mary to complain only after Patricia's defiance made life more difficult for her (as opposed to Patricia and the other people in Patricia's life)?
3. As for Patricia's treatment by Dr. Brown, Dr. Jones could consider whether the treatment did in fact work. Does Mary's complaint carry as much weight given that, by her own admission, her daughter is no longer depressed? A chief measure of effectiveness of treatment is whether it addresses client's concerns. If Patricia's concern is conquering depression, does Dr. Brown's treatment not fulfill her therapeutic need? Or does Dr. Brown's personal behavior that violates ethical and legal standards taint the outcome?
4. As in the first segment of this vignette, the sanctity of family appears as a possible moral consideration. Despite what may seem like a self-serving complaint, does Mary see Dr. Brown as supplanting her authority as a parent? Given that he has also erased the boundary between Patricia's therapy and his own family life, should Dr. Jones more carefully consider whether Dr. Brown has assumed a parental role for Patricia? Has he assumed a more illicit role? Does this warrant more of an action than if his in-office therapy alone had seemed to produce these behavioral changes?

Ethical Course of Action

Directive per APA Code

Both Mary's request for Dr. Jones to help her file a complaint and Dr. Jones's concern regarding Dr. Brown's unprofessional standards indicate harm. Given that the European vacation has already occurred and is thus not appropriate for informal resolution, Standard 1.05 directs Dr. Jones to "take further action appropriate to the situation."

To comply with directives of Standard 1.05, Dr. Jones does need to decide further the "appropriate" action to take.



Dictates of One's Own Conscience

Given that “action appropriate to the situation” is necessary, what would you do?

1. Decide that doing nothing may be most “appropriate to the situation” since Patricia is not your client.
2. Alert Mary to the violation of state law, and provide her with contact information of the psychology licensing board.
3. If provided a release of confidentiality by Mary, file a complaint with your state psychological association, APA, and/or the state licensing board in your jurisdiction immediately.
4. Regardless of release of confidentiality from Mary, contact your state psychological association, APA, and/or the state licensing board in your jurisdiction immediately.
5. Give Mary all the necessary information for Mary to contact the state or national committees on professional ethics and/or to state licensing boards.
6. Contact Dr. Brown and discuss the situation with him only.
7. Explore with Mary relevant questions about the trip, such as her daughter’s change of behavior and Dr. Brown’s role in the chain of events.
8. Explore with Mary the possibility of a joint meeting with yourself and Dr. Brown to discuss the nature of Mary’s concern.
9. Wait to see Dr. Brown’s reaction to the knowledge of Dr. Jones’s concerns and Mary’s request to make a formal complaint before taking any subsequent action.
10. Contact Dr. Brown and request that he needs to stop engaging in his multiple relationships with Mary’s daughter.
11. Do a combination of the previously listed actions.
12. Do something that is not previously listed.

If you were practicing in Canada, what would you do?

1. Have a conversation with Dr. Brown regarding Patricia going on a vacation with his family.

2. Let Dr. Brown know that you will be reporting his unethical behavior to the provincial psychology board.
3. Report Dr. Brown for an ethics violation without further consideration or further conversation with either Dr. Brown or with Mary.



STANDARD 1.06: COOPERATING WITH ETHICS COMMITTEES

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

A CASE FOR STANDARD 1.06: Out of the Blue

It is a very busy day with almost back-to-back appointments for Dr. Miller in his outpatient forensic practice. At 4:00 p.m. he went to his waiting room for his next appointment. In the waiting room, David intercepted Dr. Miller. David said he works for the state department of licensing as an investigator and that a complaint has been filed against Dr. Miller. David requested that they speak privately for a few minutes and to instruct his front office staff to turn over all client files for review by David.

Issues of Concern

What constitutes failure to cooperate? Could Dr. Miller say, “I have a client appointment scheduled now and would you please come back later?” without being additionally accused of being uncooperative. Alternatively, could Dr. Miller say, “May I see proof of your credentials and I want to contact my attorney for advice?” without being additionally accused of being uncooperative?

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.

To the extent possible, psychologists do not cancel client appointments. For Dr. Miller to not start a scheduled appointment with a client in order to respond to the impromptu intrusion of an investigator, at a minimum, does not benefit the client. Alternatively, if the complaint was of sexual misconduct, David's intrusion may have protected a client from Dr. Miller's unwanted sexual advances.

Principle B: Fidelity and Responsibility

Psychologists' . . . cooperate with . . . institutions to the extent needed to serve the best interests of those with whom they work.

In the interest of cooperating with other institutions, this aspiring principle does guide Dr. Miller to at least have a dialogue with David.

Companion Ethical Standard(s)

Standard 4.01: Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information . . . , recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules . . .

Standard 4.05: Disclosures

. . . (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 . . . (3) protect the client/patient . . . from harm . . . , in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

Complying with David's request by turning over client files would certainly be in violation of Standards 4.01 and 4.05.

Legal Issues



California

Cal. Bus. & Prof. Code § 2969(a) (West 2003).

Refusal to comply with request for medical records of patient; civil penalty; written authorization; court order.

(1) A licensee who fails . . . to comply with a request for . . . records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and

authorization, shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the documents have not been produced after the 15th day, unless the licensee is unable to provide the documents within this time period for good cause.

(2) Any licensee who fails or refuses to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board, shall be subject to a civil penalty . . .

. . . (d) A failure . . . of a licensee to comply with a court order, issued in the enforcement of a subpoena, mandating the release of records to the board constitutes unprofessional conduct and is grounds for suspension or revocation of his or her license.

Ohio

Ohio Admin. Code 4732:17-03 (2010). Bases and procedures for disciplinary actions.

. . . (D) Pre-hearing Procedures.

(1) Exchange of documents and witness lists

(a) Any representative of record may serve upon the opposing representative of record a written request for a list of both the witnesses and the documents intended to be introduced at hearing. . .

. . . (3) Requirements for pre-hearing exchange of information. The hearing examiner . . . shall . . . issue an order setting forth a schedule by which the parties shall exchange hearing exhibits . . .

Under the laws of both states, notice is required to be provided by the licensing boards. Dr. Miller may request that the investigator provide the licensing board documentation that specifies the notice provisions and the releases to the records under investigation.

Cultural Considerations

Global Discussion

British Psychological Society Code of Conduct, Ethical Principles & Guidelines

(5) Personal conduct.

Specifically they shall: 5.10 . . . take all reasonable steps to assist those charged with responsibility to investigate them.

What constitutes a "reasonable" step in this case? Could the psychologist first see all clients scheduled

that day and turn over records at the start of the next day? Could the psychologist delay a records request until after having seen both his/her attorney and the credentials of the investigator? Would the psychologist's willingness to comply with an investigation be altered by whether a claim or complaint was knowingly fraudulent or malicious?

American Moral Values

1. Dr. Miller is confronted with a moral choice involving state regulation and personal practice. How does the value in the state's enforcement of standards for psychologists measure up to the individual duty of the practitioner to serve clients and maintain confidentiality?
2. One way Dr. Miller might frame the situation is maintaining his long-term ability to serve by keeping his license versus a short-term refusal to turn over client files for the sake of confidentiality. Does he see the principle of confidentiality as too essential to his practice to consider sacrificing it short term for a longer career of service to clients? Does he consider his current clients as only the first in a long line of clients he can have over the years, thus tempering the moral stand to protect them and risk his career?
3. How does Dr. Miller morally appraise the bureaucracy of the licensing board? Does he associate it with frivolous complaints and needless procedures or even with a self-justifying need to trump up charges with minor offenses? How will resisting the board affect the authority of that institution with other psychologists? Will it undermine its positive regulatory role in pursuing cases of real abuse? Is there a value in and of itself in being cooperative with the people on the board, especially since they are also colleagues in the field?
4. Dr. Miller should consider the character of David's particular demand to turn over files. Is giving over all his files too extreme a step to require of a psychologist? Can refusing to do so be part of a protest about the terms of that specific demand, rather than a challenge to the board per se?

Ethical Course of Action

Directive per APA Code

Standard 1.06 directs Dr. Miller to "cooperate in ethics investigations" with the caveat of "In doing so, they address any confidentiality issues." In the absence

of state laws or administrative code, Dr. Miller would have to interpret the behavior operationalization of the word *cooperate*.



Dictates of One's Own Conscience

Given that cooperation is necessary, what would you do?

1. Cancel your next client appointment so you can make copies, and provide David with the requested documents.
2. Ask for proof of identity and signed releases of information while your next client waits in the reception room. If David provides the necessary documents, cancel your next appointment and make copies of requested files before handing over any client files.
3. Direct your office staff to contact the state department of licensing to verify David's identity, and proceed with your next clinic appointment while office staff is making contact with the state department.
4. Ask for David's full name and contact information, let David know that your lawyer will be following up with David and the state board, and then proceed with your next appointment.
5. Make known to David (as directed in Standard 1.02) your commitment to Standards 4.01 and 4.05, and do not comply with David's request. Instead ask for David's full name and contact information. Let David know that your lawyer will be following up with David and the state board and proceed to engage your next client.
6. Do a combination of the previously listed actions.
7. Do something that is not previously listed.

If you were practicing in Great Britain, the options would be no different from those previously presented.



STANDARD 1.07: IMPROPER COMPLAINTS

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

A CASE FOR STANDARD 1.07: Undue Influence

Drs. Davis and Wilson, both psychologists, are in the midst of a contentious divorce from each other. One day, after having been served yet another motion, Dr. Davis went to Dr. Wilson's office. In the empty waiting room, Dr. Davis angrily complained to the receptionist about denying her entry to Dr. Wilson's office. She called Dr. Wilson a few unflattering names, swore, and walked out. Dr. Wilson later talked to the receptionist, his employee, into reporting Dr. Davis's unprofessional conduct to the state's psychology board.

Issues of Concern

What is the line between the private and professional life for a psychologist? Did Dr. Wilson encourage the receptionist to file a frivolous complaint against Dr. Davis to the state psychology board?

APA Ethics Code

Companion General Principle

Preamble: Introduction and Applicability

(paragraph 2) This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists.

Since Dr. Davis's visit to Dr. Wilson's office was personal, not professional, the ethics code does not apply to her conduct in Dr. Wilson's office. However, since Dr. Wilson's relationship to the receptionist is professional, the ethics code does apply to Dr. Wilson's conduct.

Principle B: Fidelity and Responsibility

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

In this case, the relationship in question is not between Drs. Davis and Wilson. Their relationship is personal, not professional. The professional relationship in this situation is between Dr. Wilson and the receptionist in his office. If the receptionist was not inclined to make a report of Dr. Davis's conduct to the state's psychology board, then Dr. Wilson's request violated the conventional understanding of trust between an employer and employee.

Companion Ethical Standard(s)

Section 3. Human Relations; Standard 3.03: Other Harassment

Psychologists do not knowingly engage in behavior that is harassing . . . to persons with whom they interact in their work based on factors such as . . . socioeconomic status.

Section 3. Human Relations Standard 3.08: Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory . . . authority such as . . . employees.

Though it can be argued that Dr. Davis's behavior toward the receptionist was negative, hers was not done in the professional life of a psychologist but rather in her private life as Dr. Wilson's divorcing wife. Depending on the receptionist's willingness to participate in her employer's marital life, the receptionist may experience Dr. Wilson's request as a form of harassment. If the receptionist's sympathies lie with Dr. Davis more than Dr. Wilson, in addition to harassment, the receptionist may feel exploited in acting as an instrument of Dr. Wilson's harassment of Dr. Davis.

Legal Issues



Georgia

Ga. Comp. R. & Regs. 510-5-.10 (2010). Aiding illegal practice.

. . . (3) Psychologists do not . . . encourage the filing of complaints that are frivolous or maliciously intended.

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. . .

(b)(6) willfully making or filing a false report . . . or inducing another person to do so. . .

Dr. Wilson's conduct could be considered as unprofessional in Georgia and New York as the licensing laws in both jurisdictions focus on the regulation of client/psychologist relations. In light of the circumstances of the complaint, by inducing his secretary to file a complaint with the licensing board both jurisdictions are likely to find the complaint frivolous, malicious, or false.

Cultural Considerations

Global Discussion

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

11. Resolving ethical issues.

Psychologists shall adopt an ethical attitude at all times in the conduct of their professional lives.

11.6. Improper complaints.

Psychologists shall not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than to protect the public.

If Dr. Davis was practicing in South Africa, her conduct would not be considered a violation of the ethics code as her behavior came in context of her personal, not her professional life. Dr. Wilson's behavior, however, can be considered unethical according to South Africa's ethical code due to his involvement of his employee in his own personal life.

American Moral Values

1. The contentiousness of Dr. Davis and Dr. Wilson's divorce has entered into this incident at Dr. Wilson's office. The moral consideration of what each of them is responsible for involves trying to sort where personal and professional lines needed to have been maintained. Angered by divorce proceedings, Dr. Davis's behavior at the office seems to have been aimed at the personal relationship. One may ask if her language toward the receptionist would have been aired out for others in the waiting room as a way of hurting his career, but here all we know is that Dr. Davis spoke to the receptionist in order to speak to Dr. Wilson. Are Dr. Wilson's complaints initiating a fight at the professional level?
2. Dr. Wilson may be using his professional code to inflict personal injury to Dr. Davis. In addition to the annoyance to Dr. Davis for having to take time to respond to a complaint, Dr. Davis's reputation may be tainted if she knows members of the psychology board. It is unpredictable as to what impact personal information about that divorce may have on her professional standing. What if Dr. Davis practices and lectures on treatment with couples? Might the information about her behavior during her divorce impact her livelihood, regardless of whether the complaint is investigated?

3. What are the moral dimensions to Dr. Wilson's relationship with his receptionist? Does Dr. Wilson need to accommodate Dr. Davis's visits more readily in order that the receptionist does not become involved in the conflict? Can the receptionist be expected to fulfill her normal role if put in a position between Dr. Wilson and Dr. Davis's fighting? Needless to say, the receptionist's workload will increase as well with the burden of filing all the complaints Dr. Wilson has requested. Is that a justified increase?

Ethical Course of Action

Directive per APA Code

Standard 1.07 directs psychologists not to file improper complaints. Since the complaint was filed by someone who is not a psychologist, the APA Ethics Code does not apply to the receptionist. To the extent that the receptionist is an employee of a psychologist and acted under his directive, then the APA Ethics Code does apply to Dr. Wilson's conduct. The board is likely to find the complaint frivolous, malicious, or false.



Dictates of One's Own Conscience

Given that a complaint has been filed, what would you do?

1. As Dr. Davis, file a counter-complaint against Dr. Wilson for violation of Standard 1.07.
2. As Dr. Davis, after . . . taking some time to calm down and reflect, acknowledge to the receptionist that she acted rudely and apologize to her.
3. As the receptionist, let Dr. Wilson know the level of discomfort at being used as an instrument of aggression against his wife.
4. As the licensing board member reviewing the case, send a message to Dr. Wilson that he has acted unprofessionally.
5. As Dr. Wilson, after . . . taking some time to calm down and reflect, acknowledge to the receptionist that he crossed a boundary by using his authority as an employer to foist her into filing an ethics complaint against his wife and apologize to his employee.
6. As Dr. Wilson, after . . . taking some time to calm down and reflect, apologize to his wife for involving her in a spurious complaint.

7. Do a combination of the previously listed actions.
8. Do something that is not previously listed.

If you were practicing in South Africa, chances are that you would not consider any options that are different from those previously listed since the United States and South Africa have very similar stances regarding frivolous complaints.



STANDARD 1.08: UNFAIR DISCRIMINATION AGAINST COMPLAINANTS AND RESPONDENTS

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

A CASE FOR STANDARD 1.08: Privileged Versus Insider Information

Dr. Moore was appointed to her state psychology board a few months ago and has completed training to review disciplinary complaints. She returned from her first discipline case review where complaints were presented. In this phase, the board members heard the complaints without psychologists' names attached to prevent bias and to protect anonymity in case the complaint is considered frivolous or without sufficient grounds. In addition, Dr. Moore is now on rotation to receive full case reviews with all identifiers such as names and addresses of psychologists. Before leaving for the day, staff told Dr. Moore to expect to receive documents for full case review.

Dr. Moore is also faculty at a university. This year she is chairing the hiring committee for a new faculty position. The hiring has progressed through to the campus visit of the top three candidates. One of the top candidates is Dr. Taylor. The day before the hiring committee was scheduled to meet for final selection, Dr. Moore received a box from the state psychology board. In the box are documents for her first full disciplinary case review.

Upon opening the box, Dr. Moore discovered the subject of the investigation is Dr. Taylor. The complaint concerns charges of unprofessional conduct for entering into multiple relationships with a client. The document contains results of the investigation undertaken in response to the complaint made against Dr. Taylor.

If Dr. Moore was not concurrently sitting on both the disciplinary committee of the state psychology board and the departmental hiring committee, the search committee would not have known of the ethics complaint against Dr. Taylor. What should Dr. Moore do with the information?

Issues of Concern

Recusing herself from chairing the hiring committee would not only undermine the university hiring but it could possibly bring unfair speculation about the professional standing of all three candidates. Recusing herself while identifying Dr. Taylor as the candidate with whom Dr. Moore has the conflict of interest would unfairly identify Dr. Taylor. Remaining on the committee and not voting for Dr. Taylor would unfairly discriminate against Dr. Taylor when no finding on the ethics complaint has been made. Remaining on the committee and disclosing the fact that an ethics complaint has been filed against Dr. Taylor might bias the committee. Remaining on the committee and reading the full disciplinary investigation file against Dr. Taylor to gain sufficient information to make an informed decision regarding a course of action would bias Dr. Moore. If Dr. Moore decided that the investigation did not hold enough evidence to support the complaint, thus moving ahead with the hiring process without revealing her own additional knowledge becomes one form of bias. Conversely, if Dr. Moore decided against Dr. Taylor, Dr. Moore could be accused of acting on bias against Dr. Taylor.

APA Ethics Code

Companion General Principle

Principle D: Justice

Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases . . . do not lead to or condone unjust practices.

As just delineated, what course of action might Dr. Moore take to achieve the aspirations of Principle D?

Companion Ethical Standard(s)

Standard 3.05: Multiple Relationships

... (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

The situation Dr. Moore finds herself in qualifies under “unforeseen factors.” Standard 3.05 (b) directs Dr. Moore to “take reasonable steps” toward resolution. Standard 3.05 (b) also directs Dr. Moore to choose the option that would serve “the best interest of the affected person,” namely, Dr. Taylor.

Legal Issues



Arizona

Ariz. Admin. Code § R4-26-301 (2008). Rules of professional conduct.

A psychologist shall practice psychology in accordance with the ethical standards contained in standards 1.01 through 10.10 of the “Ethical Principles of Psychologists and Code of Conduct” adopted by the APA effective June 1, 2003, the provisions of which are incorporated by reference.

Missouri

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

(2) Definitions.

(A) Client—means a receiver of psychological services... when the objectivity or competency of the psychologist is... impaired because of the psychologist’s present... administrative or... relationship with the client... If a dual relationship... is discovered after the professional relationship has been initiated, the psychologist shall terminate the professional relationship in an appropriate manner...

... (6) Multiple relationships.

... (B) Multiple Relationship Affecting Psychologist’s Judgment. The psychologist shall not undertake or continue a professional relationship with a client...

In Arizona, Dr. Moore would follow the directives of Standard 1.08. If Dr. Moore was working in Missouri—and we presume the “client” in this case is

the university—then Dr. Moore should act with alacrity to “terminate the professional relationship” and recuse herself from the hiring committee. If Dr. Moore also was prudent, she would consider recusing herself from Dr. Taylor’s case.

Cultural Considerations

Global Discussion

Czech-Moravian Psychological Society Code of Ethics

4.6. Psychologists approach other psychologists in the spirit of principles of professional cooperativeness with trust and will to cooperate; they do not diminish each other’s professional competence.

The directive of this portion of the Czech code is that professionals cooperate with each other, trust each other, and seek not to harm one another’s professional reputation or make decisions that would knowingly harm another psychologist’s professional standing. Approaching other psychologists in a “spirit of cooperativeness, with trust” requires a different approach than in the United States.

American Moral Values

1. Dr. Moore must weigh the importance of the complaint against her need to be an unbiased contributor to the search committee. Will her work on the committee be jeopardized if she makes the complaint known or even if she reads the complaint privately? What value does an objective faculty search have for Dr. Moore compared to the prospect of hiring a person who could have been guilty of clinical malpractice?
2. Would the nature of the ethics complaint affect Dr. Moore’s actions? If so, could Dr. Moore trust herself to read Dr. Taylor’s file and make a wise decision about how best to proceed with the hiring? If she does read the file privately and has second thoughts about Dr. Taylor, must she reveal her concerns to the committee? Would hiding her explicit concerns undermine the objectivity and transparency of the search? Or should she try to avoid prejudicing other search committee members with information to which they should not have access?
3. Dr. Moore may also have to consider the different virtues that are called for in clinical practice versus university teaching and research. Is Dr. Taylor’s clinical work necessarily relevant to her

prospects as a faculty member? If the nature of the complaint was based on client financial arrangements, for example, is Dr. Taylor's action as relevant for his candidacy in a university setting (where no fees are charged)?

4. What value does Dr. Moore place on her own work and career in relation to the problem? Should Dr. Moore avoid even the possibility of impropriety in either of her two roles, even though it would jeopardize that particular faculty search? How does her decision contribute to the work of the respective institutions involved? Will licensing boards and university administrators overreact in trying to avoid future conflicts of interests for clinical psychologists?

Ethical Course of Action

Directive per APA Code

Standard 1.08 directs Dr. Moore to “not deny persons employment . . . based solely upon their being the subject of an ethics complaint.” In the most concrete terms, Dr. Moore needs to assure that if Dr. Taylor is not offered a position at the university that the reasons for the denial is not based solely on the ethics complaint.



Dictates of One's Own Conscience

There are a number of ways by which Dr. Moore might comply with the directives of Standard 1.08, given that the serendipitous nature of Dr. Moore's knowledge is not congruent with the aspiration of nonpartiality of university hiring committees. To be guided by the highest aspiration of hiring committees and directive of Standard 1.08, which of the following would you do?

1. Recuse yourself from reviewing the complaint case; return the complaint documents unopened to the licensing board, citing that you have a conflict of

interest in that the psychologist being investigated is known to you; and attempt to proceed with the hiring without mentioning Dr. Taylor's status with the licensing board investigation.

2. Read the complaint documents to determine whether the nature of the complaint is relevant to a faculty's duty at the university, and attempt to proceed with the hiring without mentioning Dr. Taylor's status with the licensing board investigation.
3. Assume a managerial role only as chair of the committee in directing the committee's business without venturing any personal opinions about the three candidates. In this way, the knowledge of the ethics complaint does not inadvertently affect your behavior and meets Standard 1.08.
4. Recuse yourself from reviewing the complaint case, return the complaint documents unopened to the licensing board, and cite that you have a conflict of interest in that the psychologist being investigated is known to you. Also recuse yourself from the hiring committee without giving any reason associated with the hiring process, and do not make any disclosure to the hiring committee about knowledge about the ethics complaint.
5. Do a combination of the previously listed actions.
6. Do something that is not previously listed.

If you were practicing in Czech-Moravian, what would you do?

1. Request that the hiring committee postpone the selection meeting until you have made further inquiry into Dr. Taylor's references.
2. Have a conversation with Dr. Taylor, and ask her about the ethics complaint made against her.
3. Invite the committee to listen to Dr. Taylor's further explanation to a general question about whether there have been any complaints made against her work.

