Ethics in Clinical Psychology

Six “what-if” scenarios for the undergraduate
Abnormal Psychology course

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Based on:
Ethical Principles of Psychologists and Code of Conduct
American Psychological Association
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General Principles

**Principle A: Beneficence and Nonmaleficence**
Psychologists strive to benefit those with whom they work and take care to do no harm.

**Principle B: Fidelity and Responsibility**
Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.

**Principle C: Integrity**
Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology.

**Principle D: Justice**
Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists.

**Principle E: Respect for People's Rights and Dignity**
Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination.
As a way of marketing my licensed outpatient substance abuse clinic, I leave business cards with the bartenders and managers at the busiest upscale bars and lounges in the area. I ask them to hand my card to any customer they think might be in need of my assessment or treatment services. No “finder’s fee” or other quid pro quo is involved.

Ethical or unethical?
Ethical Principles of Psychologists and Code of Conduct Section 5.06 says, “Psychologists do not engage, either directly or through agents, in uninvited in-person solicitation of business from actual or potential clients/patients, or other persons who because of their particular circumstances are vulnerable to undue influence.”
A person made an appointment to see me in my private practice about an anxiety problem she had been struggling with for several years. She said she might not be able to afford my fee, but I was highly recommended to her and so she’d like to at least discuss the financial issue before starting therapy. Through some mutual friends I’ve had a passing acquaintance with this person, a local artist, although we’ve never socialized together.

At our first meeting, she said that after working through the numbers, she decided she could not afford to pay even a discounted fee if she had a therapy session every week, or even every other week. She proposed that we barter some of her artwork, valued at a local gallery’s price, for weekly therapy sessions at my regular fee. I liked what I saw of her work, so I agreed.

Ethical or unethical?
Ethical Principles of Psychologists and Code of Conduct Section 6.05 says, “Psychologists may barter only if it is not clinically contraindicated and the resulting arrangement is not exploitative.”
In my capacity as a psychologist, I’m asked to appear on a local TV news show in a feature about mental health awareness, especially bipolar disorder. I had limited clinical experience with this disorder but had studied it extensively, and I believed that such awareness was important, so I agreed.

I illustrated my talk using video clips and articles about persons in the news—specifically, examples of behavior by Ozzy Osbourne and Mike Tyson that I said were typical for persons with bipolar disorder.

Ethical or unethical?
Ethical Principles of Psychologists and Code of Conduct

Section 5.02 says, “When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements…are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice…”

Also, Section 9.01 says, “Psychologists base their opinions contained in their recommendations, reports, and diagnostic or evaluative statements…on information and techniques sufficient to substantiate their findings.

“…psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions.”

However…
“When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations.”
I’d been working in therapy with a 23-year-old polysubstance dependent man for several months. He attended faithfully but made minimal progress. One day, I got a phone call from his 38-year-old sister, who said she would like to meet with me to discuss some concerns she had about her brother and about their family in general. This was welcome news, as both her brother and I were feeling stuck. To maintain confidentiality and good clinical practice, I mentioned the call to her brother. He agreed to the discussion and signed a release-of-information form.

The following week, his sister and I had a long and productive meeting in my office. Toward the end of the meeting, our conversation strayed onto other topics. We looked familiar to each other, and we finally realized we had mutual friends and interests, and that we met at a party a couple of summers ago.

To be continued…
Two days later she called me again, said she enjoyed our conversation, and asked if I’d like to get together for coffee. I also enjoyed the conversation, and she was not my client, so I said yes. Long story short, over the next few weeks we discovered a mutual attraction that appeared likely to develop into an intimate emotional and sexual relationship.

Concerned that this potential relationship would almost certainly affect my therapeutic relationship with her brother, and noting that in any event he had made minimal progress with me as his therapist, I decided it was in the best interest of all concerned to refer him to my clinic partner. My partner had even greater skills and experience than I in the treatment of polysubstance dependent clients.

Ethical or unethical?
Ethical Principles of Psychologists and Code of Conduct Section 10.06 says, “Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.”
Three years ago, I saw a 38-year-old woman for therapy related to some grieving and life adjustment issues. We met for eight sessions over three months and concluded the therapy with productive results.

Two years later, we ran into each other at a coffee house. She asked me to join her, so I did. (This did not violate confidentiality or privacy rules.) She told me that her life was back on track and that she would be starting graduate school next fall in, of all things, clinical psychology. She asked me if we could get together again so she could pick my brain about graduate school, career options, etc. I agreed, and so we met at the same coffee house the following week.

Again, long story short, we found we shared a lot of interests and basic values, and developed a friendship that progressed over the next year into a close and monogamous sexual and emotional relationship.

Ethical or unethical?
Ethical Principles of Psychologists and Code of Conduct
Section 10.08 says, “Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation of termination of therapy.

“Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years…and having had no [prior] sexual contact with the former client/patient, bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors…”

Relevant factors are: “(1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient.”
Part one: I started seeing a 18-year-old high school senior for therapy related to academic underperformance, conflict with his parents, and marijuana use. He was mildly depressed and perceived his 17-year-old girlfriend as the only positive thing in his life. He said they were sexually active, often got high together, and went for high-speed drives in his car just for fun.

In our eighth session, some additional information he mentioned about his girlfriend led me to the inescapable conclusion that it was my daughter he was talking about. I brought this up immediately, told him that it would be impossible for me to continue to be objective in our work together, and that I would need to discontinue therapy with him and refer him to another therapist as soon as possible.

Ethical or unethical?

Part two: That evening, I told my daughter I knew she often had been with her boyfriend when she said she was hanging out with her girlfriends. I told her the stoned high-speed drives were putting her life in danger, and so I was confiscating her driver’s license and phone and grounding her indefinitely, unless she was at school or with a responsible adult.

Ethical or unethical?
Ethical Principles of Psychologists and Code of Conduct
Section 3.05 says, “A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

“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.”
Section 4.05 says, “Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to:

(1) provide needed professional services;
(2) obtain appropriate professional consultations;
(3) protect the client/patient, psychologist, or others from harm; or
(4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.”