

Appendix A: American Psychological Association Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*

Commitment to Cultural Awareness and Knowledge of Self and Others

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

Guideline 2: Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals.

Education

Guideline 3: As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.

Research

Guideline 4: Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.

Practice

Guideline 5: Psychologists strive to apply culturally appropriate skills in clinical and the other applied psychological practices.

Organizational Change and Policy Development

Guideline 6: Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

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Appendix B: American Psychological Association Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients*

Attitudes toward Homosexuality and Bisexuality

Guideline 1: Psychologists understand that homosexuality and bisexuality are not indicative of mental illness.

Guideline 2: Psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.

Guideline 3: Psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and well-being of lesbian, gay, and bisexual clients.

Guideline 4: Psychologists strive to understand how inaccurate or prejudicial views of homosexuality or bisexuality may affect the client's presentation in treatment and the therapeutic process.

Relationships and Families

Guideline 5: Psychologists strive to be knowledgeable about and respect the importance of lesbian, gay, and bisexual relationships.

Guideline 6: Psychologists strive to understand the particular circumstances and challenges faced by lesbian, gay, and bisexual parents.

Guideline 7: Psychologists recognize that the families of lesbian, gay, and bisexual people may include people who are not legally or biologically related.

Guideline 8: Psychologists strive to understand how a person's homosexual or bisexual orientation may have an impact on his or her family of origin and the relationship to that family of origin.

Issues of Diversity

Guideline 9: Psychologists are encouraged to recognize the particular life issues or challenges that are related to multiple and often conflicting cultural norms, values, and beliefs that lesbian, gay, and bisexual members of racial and ethnic minorities face.

Guideline 10: Psychologists are encouraged to recognize the particular challenges that bisexual individuals experience.

Guideline 11: Psychologists strive to understand the particular challenges and risks that exist for lesbian, gay, and bisexual youth.

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Guideline 12: Psychologists consider generational differences that exist within lesbian, gay, and bisexual populations and the particular challenges that lesbian, gay, and bisexual older adults may experience.

Guideline 13: Psychologists are encouraged to recognize the particular challenges that lesbian, gay, and bisexual individuals experience with physical, sensory, and cognitive-emotional disabilities.

Education

Guideline 14: Psychologists support the provision of professional education on lesbian, gay, and bisexual issues.

Guideline 15: Psychologists are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through continuing education, training, supervision, and consultation.

Guideline 16: Psychologists make reasonable efforts to familiarize themselves with relevant mental health, educational, and community resources for lesbian, gay, and bisexual individuals.

Appendix C: American Psychological Association Guidelines for Psychological Practice with Older Adults*

Attitudes

Guideline 1: Psychologists are encouraged to work with older adults within their scope of competence, and to seek consultation or make appropriate referrals when indicated.

Guideline 2: Psychologists are encouraged to recognize how their attitudes and beliefs about aging and about older individuals may be relevant to their assessment and treatment of older adults, and to seek consultation or further education about these issues when indicated.

General Knowledge about Adult Development, Aging, and Older Adults

Guideline 3: Psychologists strive to gain knowledge about theory and research in aging.

Guideline 4: Psychologists strive to be aware of the social/psychological dynamics of the aging process.

Guideline 5: Psychologists strive to understand diversity in the aging process, particularly how sociocultural factors such as gender, ethnicity, socioeconomic status, sexual orientation, disability status, and urban/rural residence may influence the experience and expression of health and of psychological problems in later life.

Guideline 6: Psychologists strive to be familiar with current information about biological and health-related aspects of aging.

Clinical Issues

Guideline 7: Psychologists strive to be familiar with current knowledge about cognitive changes in older adults.

Guideline 8: Psychologists strive to understand problems in daily living among older adults.

Guideline 9: Psychologists strive to be knowledgeable about psychopathology within the aging population and cognizant of the prevalence and nature of that psychopathology when providing services to older adults.

Assessment

Guideline 10: Psychologists strive to be familiar with the theory, research, and practice of various methods of assessment with older adults, and knowledgeable of assessment instruments that are psychometrically suitable for use with them.

Guideline 11: Psychologists strive to understand the problems of using assessment instruments created for younger individuals when assessing older adults, and to develop skill in tailoring assessments to accommodate older adults' specific characteristics and contexts.

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Guideline 12: Psychologists strive to develop skill at recognizing cognitive changes in older adults, and in conducting and interpreting cognitive screening and functional ability evaluations.

Intervention, Consultation, and Other Service Provision

Guideline 13: Psychologists strive to be familiar with the theory, research, and practice of various methods of intervention with older adults, particularly with current research evidence about their efficacy with this age group.

Guideline 14: Psychologists strive to be familiar with and develop skill in applying specific psychotherapeutic interventions and environmental modifications with older adults and their families, including adapting interventions for use with this age group.

Guideline 15: Psychologists strive to understand the issues pertaining to the provision of services in the specific settings in which older adults are typically located or encountered.

Guideline 16: Psychologists strive to recognize issues related to the provision of prevention and health promotion services with older adults.

Guideline 17: Psychologists strive to understand issues pertaining to the provision of consultation services in assisting older adults.

Guideline 18: In working with older adults, psychologists are encouraged to understand the importance of interfacing with other disciplines, and to make referrals to other disciplines and/or to work with them in collaborative teams and across a range of sites, as appropriate.

Guideline 19: Psychologists strive to understand the special ethical and/or legal issues entailed in providing services to older adults.

Education

Guideline 20: Psychologists are encouraged to increase their knowledge, understanding, and skills with respect to working with older adults through continuing education, training, supervision, and consultation.

Appendix D: Guidelines for Psychological Practice with Girls and Women*

Diversity, Social Context, and Power

Guideline 1: Psychologists strive to be aware of the effects of socialization, stereotyping, and unique life events on the development of girls and women across diverse cultural groups.

Guideline 2: Psychologists are encouraged to recognize and utilize information about oppression, privilege, and identity development as they may affect girls and women.

Guideline 3: Psychologists strive to understand the impact of bias and discrimination upon the physical and mental health of those with whom they work.

Professional Responsibility

Guideline 4: Psychologists strive to use gender and culturally sensitive, affirming practices in providing services to girls and women.

Guideline 5: Psychologists are encouraged to recognize how their socialization, attitudes, and knowledge about gender may affect their practice with girls and women.

Practice Applications

Guideline 6: Psychologists are encouraged to employ interventions and approaches that have been found to be effective in the treatment of issues of concern to girls and women.

Guideline 7: Psychologists strive to foster therapeutic relationships and practices that promote initiative, empowerment, and expanded alternatives and choices for girls and women.

Guideline 8: Psychologists strive to provide appropriate, unbiased assessments and diagnoses in their work with women and girls.

Guideline 9: Psychologists strive to consider the problems of girls and women in their sociopolitical context.

Guideline 10: Psychologists strive to acquaint themselves with and utilize relevant mental health, education, and community resources for girls and women.

Guideline 11: Psychologists are encouraged to understand and work to change institutional and systemic bias that may impact girls and women.

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Appendix E: Ethics Cases

Chapter 1

Case 1-1

A married man with two small children enters into therapy with a therapist. In the course of treatment, he reveals that he is bisexual and is HIV positive. He fears he will develop the symptoms of AIDS but does not wish his wife to know of his HIV condition unless the AIDS symptoms actually develop. After multiple attempts to by the therapist to reason with him, he still refuses to tell his wife. The only source of comfort for the therapist is the indication from the client is that most of the time he and his wife use condoms as a form of birth control.

Case 1-2

A professor generally gives a similar assignment to his graduate seminar each year. It involves designing a study to explore a particularly difficult problem that the class has studied. When the papers are turned in, he notices that one of the papers is remarkably like a paper he received the previous year. He confronts the student with the possibility that she has plagiarized the information from another student's paper. The student explains that there was a recent death in her family and that she was having difficulty concentrating. As a result, she read a former student's paper to get herself thinking about the task. She claims that she designed the study herself and really didn't think the paper she read influenced her work. When the professor points out the similarities, she seems genuinely surprised at the amount of overlap. The professor is perplexed by the student's actions because he has always found her to have a great deal of integrity and to be one of the best students in the class.

Case 1-3

A medical researcher has received a large multiyear grant to study the use of gene therapy to alleviate the symptoms of Parkinson's disease. No one has systematically asked whether the therapy improves the patients' perceived quality of life or that of the family. The principal investigator (PI) hesitantly agrees to allow a psychologist to add a pre–post questionnaire to the battery of tests that will be given to the research participants. The medical consent form notes the medical risks; however, it does not mention the occasions when confidentiality may need to be broken, such as when a patient is a danger to self or others. The PI believes that the consent form is adequate to cover the psychologist's research but indicates that if the psychologist does not believe that is sufficient, the psychologist can drop out of the project.

Chapter 2

Case 2-1

A 52-year-old developmentally delayed adult who has been institutionalized most of his life has recently been tested by a new psychologist in the institution. The psychologist determines that the retardation is not as severe as previously thought and on examining the case file believes that the client has suffered from incompetent assessment as well as neglect. The psychologist recommends moving him to a community care home where he may develop some life skills that promote more independence and a different kind of life for him. This will save the state about \$50,000 a year and relieve overcrowding on the ward. In a preplacement interview,

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the client tells the psychologist that the institution is his home and he begs not to leave it. As the date of his transfer nears, he begins to exhibit symptoms of a severe depression.*

Case 2-2

A female student in a counseling program is in her internship. This is her last semester of training. She shares with a faculty member a legal problem. During Christmas break she was arrested for shop lifting while under the influence. She decided to tell the faculty because of her fear that the program would find out about her arrest in the newspaper. She also shared that prior to her 18th birthday a similar situation had occurred. As a student she received very good reviews on the work at her internship site and she performed well in all her classes. The program faculty decided to meet to determine if she should be required to go through substance abuse treatment before she could graduate.

Case 2-3

After being in therapy for about 6 months, Ms York expressed concern that she was feeling sexually attracted to her psychotherapist, Dr. Evans. Dr. Evans informed her that such feelings were a normal part of the therapy process, called *transference*, and that acting out these feelings was not only unethical but inadvisable therapeutically. Therapy proceeded with appropriate gains being made by Ms York; however, she continued to maintain that she was very attracted to him. Dr. Evans became increasingly aware that he had similar feelings toward Ms York. The feelings did not abate even after discussing them with a colleague. One late afternoon when Dr. Evans was meeting with Ms York, who was his last patient for the day, his secretary informed him that she had to leave on an emergency. As Ms York was leaving, she again professed her love for him, and he, again, repeated his ethical responsibilities. However, Ms York was caught in a sudden downpour on her way back to the bus. Cold and wet, she decided to return to the counselor's office. As he offered her towels to dry herself off, she tried to embrace him and professed her love for him. Again, he gently turned down her requests and suggested they needed to discuss the issue further in the next session. Later, he told colleagues that in the heat of the moment, he was grateful that he had internalized the strong prohibitions against such behavior in the ethics code.

Case 2-4

Students repeatedly approached the head of a graduate program complaining about a particular faculty member. The faculty member reportedly was doing research on emotional responses to disasters. According to the students, she had accumulated a series of excessively gruesome pictures of both auto and plane accidents that she apparently enjoyed flashing at students in the hall to see their reaction. One student complained that he was so upset by the pictures that he vomited; another complained that she went home and cried, and others indicated that the pictures had given them nightmares. When the faculty member was confronted, she indicated that it was "no big deal" and that she no longer had the pictures, however, after a brief hiatus, the complaints began again. Frustrated that the faculty member may have been deceiving him and sincerely concerned that students were being harmed by the harassment, the department chairman used his master key to enter the faculty member's office and search the faculty member's desk for the pictures.

Case 2-5

Jabar, a Middle Eastern student, entered treatment with a psychologist complaining that he was lonely and had difficulty developing interpersonal relationships. Treatment commenced and continued for the 3 months

* This case is based on one written by John Keller that was initially published in Intuition, *Critical Evaluation and Ethical Principles: The Foundation for Ethical Decisions in Counseling Psychology* (Kitchener, 1984).

prior to Christmas. Knowing that she was going to be absent for the holidays, Dr. Jones arranged with another professional to cover her practice and discussed her absence with her clients. Jabar initially seemed particularly despondent because he had not been too successful initiating relationships with others. During the last session prior to her departure, the therapist assured Jabar that she would be returning and that she would look forward to seeing him when she returned. She noted that the client seemed particularly pleased when she said this. As the client left, she touched his shoulder and reminded him of the back-up psychologist. She sent all of her clients a brief holiday greeting reminding them she would be home in January. Because she had been concerned with Jabar, she penned a short note at the bottom of the card reassuring him that she was looking forward to seeing him after her vacation. After receiving the card, Jabar called the back-up psychologist reporting that Dr. Jones was in love with him and asking what he should do. He pointed to the card and the time she touched him on the shoulder as proof. When the back-up psychologist indicated that he didn't think those were necessarily indications of Dr. Jones' "love" for him, the client filed a complaint with the local ethics committee alleging he had been misled and deeply hurt by Dr. Jones.

Chapter 3

Case 3-1

The parents in an East Asian family that has immigrated to the United States use extreme physical punishment of their children to ensure the obedience and conformity to their standards, including a high level of respect for elders. A child protective service worker who has investigated complaints from the psychologist cannot prove that the incident meets the legal definition of child abuse, although she suspects that abuse really does occur. At the very least the discipline techniques represents very substandard parenting according to Western standards (Knapp & VandeCreek, 2007, p. 660).

Case 3-2

Janet enters treatment for depression. She has no family. She has recently been promoted to a new position that she finds meaningless. After several months of cognitive therapy, she remains substantially depressed. She indicates to her therapist that she may not return for the next session and thinks about committing suicide because life seems so hopeless.

Case 3-3

A clinical psychology student was being supervised by a psychologist, who was deeply concerned about one of her supervisee's clients who were being seen more and more frequently. The client was a law student who entered therapy because she was having difficulty concentrating and motivating herself. The supervisor and supervisee would discuss the case with the supervisor making recommendations for treatment, but the client continued to deteriorate, dropped out of law school and was becoming increasingly suicidal. Finally the supervisor insisted on seeing the client with the supervisee. The supervisee admitted she had not been following the supervisor's instructions and was using "regression" therapy which included nursing the client. Eventually, the client brought a lawsuit against the therapist, the supervisor and the University for malfeasance.

Case 3-4

A counselor admitted somewhat sheepishly that she had some concerns about a decision she had made regarding a client who was suffering from an unusual disease. A friend of hers happened to be suffering from a similar disease and she thought the client might benefit from talking to someone with similar symptoms. With the friend's permission, she gave the client the friend's telephone number. Her intentions and the consequences were clearly beneficent, and the client did benefit from the consultation with the therapist's friend. Further, no one's autonomy was violated because the client had the choice to call the friend or not. Nevertheless, the

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counselor seemed uncomfortable with her decision but was unclear why she felt that way. When she was asked whether she would recommend that other therapists introduce their clients to their friends. She said that she could not because counselors could not always control the outcome of such interventions. Friends are not trained as helpers, and clients can become confused by the lack of clarity in boundaries between themselves and their therapist when they are interacting with a therapist's friend.

Chapter 4

Case 4-1

Jerry is a Euro-American, HIV-positive, gay man with anxiety and depression. He has been in a relationship with another man for several months and has told him of his HIV status. Subsequently, his partner expressed fears about dealing with Jerry's HIV status and they had many arguments about Jerry's illness and their relationship. Jerry is afraid that his partner will make him move out, that he will never have another relationship because of his HIV status, and that he will die alone. When he gets highly anxious and angry, he visits gay bars and picks up other men. He admits to engaging in anal intercourse with these men and not using a condom. He says that such encounters help him forget his problems and adds angrily, "That's the way I got HIV, and anyone stupid enough to have sex with me deserves what they get!" (Barret, Kitchener, & Burris, 2001, p. 139).

Chapter 5

Case 5-1

Dr. James, a psychologist, is asked to supervise a new practitioner trying to accumulate hours for licensure. Although Dr. James is already very busy he agrees to do so, telling the supervisee to bring in any insurance forms for him to sign. Dr. James also tells the supervisee to keep track of his own hours and that he will sign off on them for licensure. The only time Dr. James sees the supervisee is when he comes in to sign insurance forms. Most often their meetings last less than 15 minutes, even though the state law calls for weekly supervision for a minimum of 1 h to discuss and review all of the supervisee's cases. When Dr. James is later confronted about his lax supervision, he admits that he was "cutting corners," but he defends his actions by saying that everyone knew the supervisee was a good psychologist, so he really didn't need supervision.

Case 5-2

During a doctoral dissertation orals, a student was defending a dissertation that focused on developing a measure that would assess incest trauma. In the course of the defense, a committee member asked a question regarding the ethical problems involved in treating women who might have repressed memories in light of the controversies surrounding both the existence of such phenomena and the treatment of possible victims. The student had been taught the ethics code of her profession and the ethical principles articulated in Chapters 1–3. In the discussion, the student was able to articulate an approach to clinical work that was defensible ethically but failed to mention any of the ethical principles and only a few standards from the ethics code. Initially, the committee member was upset since she had been the instructor of the ethics course and despaired at her failure as a teacher as well as the student's failure to articulate the principles underlying her practice. Later, after sharing this concern with her, the student indicated that she had learned an attitude toward clients in the program that presumed she would act ethically. From the perspective of principle ethics, she had failed to defend her position, but from the perspective of virtue ethics, she had developed a good moral character.

Case 5-3

A psychologist admits falling "in love" with one of her patients, a man who has recently lost his job. Because she has a spare room, she invites him to live in her home for a few weeks, excusing herself from the rule on

avoiding multiple-role relationships by rationalizing that she should respond to the particular circumstances of her client. Eventually, her life becomes increasingly entangled with his and they enter into a sexual relationship. After several years, the former patient, now lover, terminates the relationship and files a complaint against the psychologist claiming that he has been irrevocably harmed by the therapist's actions. When confronted, the therapist claims that she did nothing wrong because she "cared for" her patient and continues to do so.

Chapter 6

Case 6-1

As Dr. Kirk explained the ethical decision making model, the students in the doctoral class soaked up every word. They knew there would be ample opportunities to use the model with intriguing ethical dilemmas toward the end of class time and throughout the semester. Dr. Kirk presented a case where a pregnant teenager was using therapy to decide whether or not to pursue an abortion. Questions were asked and Dr. Kirk responded with either an answer or another question that prompted more dialogue and deeper reflection by students. One particular student, Sarah, sat quietly and listened to each of the responses wondering to herself, "Isn't there a Big E in ethics? Isn't there a final or absolute of ethical and unethical, a right and wrong?" Sarah had been raised to see "right" and "good" from a certain lens and in the case being discussed she was hoping the therapist would encourage the young teenager to see abortion as wrong. Another student, Frank, was dealing with a similar quandary but from a different perspective. He'd been raised to see a woman's choice for abortion as a legal right. Frank believed the therapist should encourage the client to see an abortion as the right choice and help her find a doctor. Both students were clear about their personal ethics and wondered how the others in the class could even spend time deliberating the case. Finally, neither Sarah nor Frank could stand the internal tension any longer; their hands shot up in the air. They both had the same question: "Where's the absolute here? Isn't there a Big E in ethics?"

Case 6-2

Dr. Freeze, a new faculty person, was sitting across the table from his former colleague who still worked in the business world. Dr. Freeze was bemoaning the status of his current research project—he needed at least 50 participants and thus far only 25 students had signed up. Rita Blanch looked at Dr. Freeze with a perplexed expression. After the first five minutes Rita piped up with, "Scott, I can't believe you're making this into such a big problem. Don't you remember what we use to do at Company X to get folks to try a new product? We'd give them an incentive. So, tell each student who signs up that they'll get a free beer for every student they recruit for the project." Dr. Freeze liked the idea. "That would sure make it easier" but then he had a second thought. "No, I better not. I haven't gotten that process approved for the IRB. I don't want to get into trouble and besides, I'm not sure that providing students incentives like this is really the ethical thing to do."

Case 6-3

Craig, the practicum student, sat there confused about how to respond. This was his second meeting with the client and he felt like the connection thus far was strong. Teresa, a single mother of two, wanted to know more about him personally, "Are you married? Do you have any children?" Just last night in a social setting he was asked the same two questions. In that context he responded with, "No, I'm not married. I got divorced last year and have a three year old daughter." Now in a therapy session he wasn't sure what to say. Craig ached to respond in an open and honest manner which fit his usual way of communication. Craig believed more self disclosure would only deepen the therapeutic relationship. But he felt like he should be more circumspect but wasn't sure why. He recalled the ethics class when the group discussed the timing and purpose of therapist self disclosure with clients. At the time he hadn't paid much attention but he did recall the instructor giving a word of caution about boundaries. He felt flustered and decided to respond with a short comment of, "I'm sorry Ms. Gaines. I can't really share that information. It wouldn't be appropriate."

Case 6-4

Terry called his friend Fred, who was also on internship. Terry was struggling with a supervision issue and thought Fred might provide some good consultation. Fred was the star student who got the better grades and was always one step ahead of everyone else. He'd even landed the prized internship in the region. Within the first five minutes of the conversation Terry could tell something was wrong. Terry asked what was up and Fred blurted out, "Look, stop badgering me. I'm fine, everything is fine. I mean, ok . . . I'm a little lonely and under some stress of my own." Terry was shocked by Fred's outburst. He'd never heard him be so abrupt and angry. Then he remembered that 2 weeks before leaving for his internship, Fred had signed divorce papers. After what seemed like a long minute of silence Fred said he needed to go. A month passed and Terry heard that Fred had been dismissed from his internship. Fred had been dating a client and the client's former partner complained to Fred's supervisor.

Four months after Terry had heard about Fred's dismissal, they happened to see each other at an airport. Terry shared that he was headed to an interview for a psychologist position. Fred mentioned that he was headed home for a friend's wedding and then to Chicago to work. Fred said he was "glad to be out from under the program and psychology altogether." He'd had enough "with all the rules and do's and don'ts." He was training to be a stock broker.

Case 6-5

Dr. Hardy had a wall filled with plaques and certificates from various counseling organizations. Kathy, her client, was impressed by all she saw and had made a decision to work with Dr. Hardy right then and there. At the end of session three, Kathy again asked Dr. Hardy for the insurance forms so she could get reimbursed by the insurance company. Dr. Hardy quickly filled out the forms and wrote in four sessions. When Dr. Hardy gave Kathy the completed forms Kathy was pleased. But as she looked at them Kathy's smile turned to a frown. "Dr. Hardy, we've only met three times so far. You have four sessions down here and I don't think these are even the right dates." Dr. Hardy waved her hand and said, "Oh really? Well let's just go with it this time. I'm sure the insurance company won't miss a few dollars."

Case 6-6

Sarah, now Dr. Sanders, listened to her client explain the confusion around the pregnancy. The client was not sure whether she wanted to do. Should she have the baby? Should she get an abortion? If she had the baby, should we keep it? Or should she give it up for adoption? "What should I do, Dr. Sanders?" the client was asking. Dr. Sanders needed to bring herself back, she had been day dreaming. For a split moment she was back in Dr. Kirk's class listening to the class debate what the therapist should do with a client who didn't know what steps to take after finding out she was pregnant. Dr. Sanders remembered her clear reaction to the issue: "Do not discuss abortion as an option; encourage the client to have the baby." Now she was faced with same issue. She still did not agree with abortion yet she understood that her client was an autonomous individual and respected her right to choose. The client asked again, "Dr. Sanders, what should I do? I mean, if you were me what would you do?" Dr. Sanders had thought about this scenario several times and felt prepared to offer a response that now came from an integration strategy. She replied, "It is a wonderful thing that you get to decide what you wish to do. I'll be here to support you in your process." As Sarah leaves her office that day, she feels good about the work with clients, especially the one who was faced with a pregnancy. She was able to work with the client in a way that helped the client make the decisions based on the client's values while still being clear about her own.

Chapter 7

Case 7-1

Mr Austin hired Dr. Dale in a bitterly contested child custody case. Prior to the case, Mrs Romero, Mr Austin's former wife, had custody of their sons, aged 9 and 11 years. Dr. Dale evaluated Mr Austin and his current wife

as well as the children. A psychologist whom Mrs. Romero hired reviewed the testing materials and indicated that the choice of tests was a good one and that they appeared to be fairly interpreted. At the trial, Dr. Dale stated that Mr Austin and his wife would be better parents and should have custody of the children and that Mrs Romero should have limited visitation rights. Dr. Dale, however, had never evaluated either Mrs Romero or her current husband. All of his information about them was gained secondhand. Dr. Dale said that the boys preferred their father to their mother. The psychologist Mrs Romero hired pointed out that prior to the trial, Mrs Romero had custody and Mr Austin saw the boys infrequently. When he was with them, they only did fun things like go to ball games and he bought them toys. Mrs Romero had to do all of the disciplining, and her financial resources were limited because Mr Austin paid his child support infrequently. Furthermore, Dr. Dale ignored the fact that Mr Austin was an alcoholic and was probably still drinking. Dr. Dale had information about the prior drinking problems because Mrs Romero sent him copies of hospital records.

Mrs Romero lost custody of her children as a result of the trial. She then began to get letters from her sons telling her that their father was drinking heavily. He also beat his second wife, which was similar to the behavior that led Mrs Romero to divorce him in the first place. Mrs Romero is an Anglo, but her current husband is a Mexican American. She sometimes wonders if that affected Dr. Dale's evaluation of them.

Case 7-2

A faculty member reported that one of her colleagues knew so little about statistics that he referred his students to consultants or other faculty for even the most basic information. When he tried to assist a student with the statistics on her master's thesis, so many errors were made that the student failed her orals (Goodyear, Crego, & Johnston, 1992).

Case 7-3

A woman entered a therapy group on the advice of her therapist, whom she had found very helpful in individual therapy. The therapist argued that it would be helpful for her to find out that others had similar problems to hers and to develop better social skills. The client found her therapist to be remarkably different in the group setting. Instead of providing structure and support, the therapist was passive and seemed to lack confidence. In fact, the group seemed out of control. When the client was aggressively belittled in front of the group and the therapist neither intervened nor helped the woman process the incident, the client confronted him. He admitted that although he had a class in group process, he had never led a group in graduate school or under supervision. He pointed out, however, that he did have a license to practice and that it did not limit him to individual sessions.

Case 7-4

A graduate research assistant complained to the department chairperson that his supervisor, a psychologist, often came drunk to the lab. As a result of the supervisor's apparent alcoholism, the student alleged that the supervisor had botched data collection on a particularly rare strain of mice. In addition, because of his carelessness when he was under the influence of alcohol, he had endangered the mice by compromising their care; in fact, several had died as a result of mishandling.

Case 7-5

After she went through a difficult divorce, Dr. Quin decided to close her practice in one part of the state and move to another city about 200 miles away where she could work for a mental health agency. However, she continued to act as the supervisor for several master's-level practitioners. Because she was so far away, she could not meet with them. She did talk with them by phone every 2 weeks and sign their insurance forms, which were mailed to her. When one of the master's-level therapists was charged with having sexual intimacies with

a client, Dr. Quin was also charged with inadequate supervision. She indicated that as a result of the divorce she was having severe emotional problems that interfered with her professional judgment.

Case 7-6

Students repeatedly complained to a department chairperson about a professor's teaching. They said that they had no doubt that he was "smart" and knew a lot about the subject matter (he was highly published and had an international reputation), but he could not communicate it. He often talked over their heads, and his lectures were poorly organized. Additionally, he never made eye contact with anyone in the class and talked so quietly they could barely hear him.

Case 7-7

The female patient of a psychologist is furious when she was referred to another provider. Although the referral was therapeutically indicated and handled tactfully, psychologists car was vandalized, a rock was thrown through his office window, and his wife received a letter falsely accusing him of having an affair with another woman.

Case 7-8

Beginning with his first year in the program the faculty recognized that the student was problematic despite the fact he had glowing recommendations from his master's program and had a publication. Other students didn't want to work with him and he failed his first practicum and his grades in his coursework were weak. The faculty spent numerous hours counseling the student and at faculty meetings trying to decide the best course of action. He was required to repeat his practicum and faculty worked very close with him in the program's own clinic. Although his skills were minimal, the clinic director decided that based on his progress he deserved a B in the class. He went on to do an off-campus practicum at a site that the program had not used before working with veterans. The supervisor gave him glowing reports. Furthermore, during this practicum he worked on a research project and had a second publication. When it came time for him to apply to internships, he was very careful in picking the people to write letters. The supervisor from his last practicum site was one. With some reservations, the internship coordinator recommended him for internship emphasizing his strengths believing that the internship site would recognize problems if they looked at his transcript. He got an internship at an APA approved site but failed it at the midyear evaluations. When he returned to campus, he was counseled out of the program and got a degree in Educational Psychology. Later, the program faculty found out that he had completed another internship that was not APA approved and was able to get licensed in the state.

Case 7-9

A psychologist underwent a series of personal tragedies. Within a 2-year period four deaths of significant others had occurred in his life. One death involved his father which left him substantial problems with the estate that needed to be handled. In addition, his wife became ill and had to undergo numerous treatments and his son was hospitalized as a result of a serious traffic accident. He recognized that the events had exacted a substantial emotional toll. He appropriately reduced his workload so he could meet his own responsibilities at home and he entered therapy to help him deal with the stress and anxiety. In addition, he started a regular exercise routine.

Chapter 8

Case 8-1

John Jones, a 40-year-old, single, African American parent, joined a parenting-education group. He reported needing help to cope and communicate with his 13-year-old daughter, who had recently become difficult to

control and uncommunicative. He was feeling significant stress because of his parenting problems. As the only African American in the group, Mr Jones felt somewhat uncomfortable. This was exacerbated when, prior to the second session, several of the group participants began to question him about the fact that several male African American high school students were beginning to date White girls in the community. Mr Jones indicated he had no particular insight into the issue. The psychologist overheard the interchange but ignored it, choosing to redirect the group to the preplanned topic for the evening. Mr Jones did not return to the group after that session (Burn, 1992).

Case 8-2

Amy Martino, a Latina, chemical engineer, entered therapy for bereavement issues. She told the therapist that in the past year both her mother and her sister had died. She felt down most of the time and lacked energy. As the therapist gathered background information, he discovered that Ms Martino had two children for whom her husband was the primary care taker because he did not work outside of the home. She indicated that she and her husband had a good relationship and that neither he nor the children were the focus of her concerns. Despite her disclaimer, the counselor asked her several times about her marital relationship. When he probed similar issues in the second session, Ms Martino decided not to return to therapy. Because she was still feeling down, several weeks later she went to another therapist who focused almost entirely on her grief and guilt about the deaths in her family since family is central in the lives of Latinas. As her depression lifted, Ms Martino wondered to what extent her gender and ethnicity played a role in her treatment by the first counselor.

Case 8-3

A new client shows up at your office for an initial session. The person says: "I have felt so incredibly edgy all week. I don't know what's wrong with me. But I feel like I want to smash someone in the mouth, like I want to get my gun and blow someone's brains out. I don't even know who, but it's like something's building up and it just won't be stopped" (Pope & Vasquez, 2007, p. 171).

Case 8-4

A woman complained to an ethics committee about a psychologist who assessed her for a position as a police officer in her hometown. She indicated that she first applied after high school. She was tested by a psychologist and turned down for the position without an explanation. She then entered the military and served for several years as a member of the military police. After being honorably discharged from the military, she returned home and reapplied for a job as a police officer. She was referred to the same psychologist who reviewed her file and asked her a few questions about her military service. She was again turned down for the position. The psychologist indicated that he had recommended that she not be employed on the basis of the scores from the tests she had taken almost 10 years earlier. He said that the experience with the military had not changed his mind that she was not the type of woman who could be successful as a civilian police officer. When asked, he was unable to substantiate, using any scientific literature, what "type" of woman would or would not be successful in police work nor for his use of outdated test scores (APA, 1987a).

Case 8-5

Mary needed to complete the requirements for her personality assessment class. Jim, another student in the class, was trying to help her complete her requirements and so referred a client to her. He had merely told his patient that the assessment would obtain information that would help therapy. When Mary interviewed the patient, she discussed many necessary elements of informed consent: her own student status and the fact

of being supervised, the parameters of confidentiality, the provisions for feedback and so on. But she never clearly acknowledged that the assessment was being done largely to accommodate her training needs and not to gather essential clinical information (based on cases from Yalof and Brabender, 2001).

Case 8-6

A recently licensed psychologist accepts a salaried position at a local community mental health center. The position involves providing assessment and treatment services as well as providing clinical supervision to two externs and one intern. Although she has received extensive supervision during her own graduate training, the psychologist has never provided supervision before. The graduate school did offer a course in supervision as an elective, but it did not fit her schedule, and she was unable to participate in it. Yet, she's very excited about supervising trainees and very much looking forward to the experience. She approaches this new experience with eagerness and enthusiasm.

Case 8-7

A therapist had been seeing a father for several weeks to deal with his feelings regarding his impending divorce. At one meeting, the father asked if he could bring his children with him since their relationship had become strained. After the therapist agreed the children met with them several times and he frequently heard them complain that their mother, the primary child care provider, was very demanding and strict. When the therapist suggested including a mother in their meetings, the father refused saying he thought it would just confound the issue of his relationship with the children. When the father's lawyer suggested calling the therapist as an expert witness, the father agreed although the therapist informed him that he might lose his privileged communication. When the therapist was on the stand, the father's lawyer asked him who would be the better parent. Based on the fact that the father had spent time in therapy working on his relationship with the children and the children's comments about their mother, the therapist told the court that he thought the father would probably be the better parent. However, under cross examination the mother's lawyer asked him if he knew of any behavior that might make him question his assessment of the father and his parenting skills, he did note that the father had a sexual liaison with a woman before the divorce proceedings began and that he had come to a couple of sessions with alcohol in his breath. The father appeared shocked if the therapist had betrayed his confidence.

Case 8-8

A newspaper article recently revealed that a local university, it was well known that students in one particular department commonly socialized with the faculty. This included 18-year-olds and faculty of all ages and marital commitments. Faculty often provided marijuana and alcoholic beverages for the students, who in the state were under age. Often the relationships between faculty and students were sexualized. Although several students complained over the years, nothing was done until a new president was appointed who was personally appalled by the behavior of the faculty. On the other hand, one or two students defended the faculty saying they felt like they were a big happy family.

Case 8-9

The investigators studied the psychological characteristics and drug use longitudinally on children from preschool through age 18. Adolescents who engaged in some drug experimentation (primarily with marijuana) were the best adjusted in the sample. Adolescents who used drugs frequently were the most mal-adjusted, showing a distinct personality syndrome marked by interpersonal alienation, poor impulse control and manifest emotional distress. Those who by 18 had never experimented with any drug were relatively

anxious, emotionally constricted and lacking in social skills. The differences between frequent drug users, the experimenters and abstainers could be traced to the earliest periods of childhood and were related to the quality of parenting received. They concluded that drug use is a symptom, not a cause of personal and social maladjustment and the meaning of drug use can only be understood in the context of the individual's personality structure and developmental history. The researchers knew their article would be highly controversial and were extremely careful in reporting the results to indicate that the media might misrepresent their findings as indicating that drug use might somehow improve and adolescents' psychological health. They stated categorically that their findings did not support such a view nor should anything they said remotely encourage such a misrepresentation.

Chapter 9

Case 9-1

A psychologist was asked by a court to act as a mediator in a custody case. Prior to beginning the mediation, the psychologist explained the nature of mediation and how they would be meeting together to find a satisfactory custody arrangement for the couple's daughter. After five sessions, however, the conflict between the couple was so great that they discontinued the mediation. The psychologist referred the case back to the court and voluntarily submitted a custody evaluation to the court on both parents recommending that custody be awarded to the mother because she had been more willing to compromise during the mediation. On learning that the psychologist had submitted the evaluation reports, both parents were upset because they had not been informed ahead of time that their behavior was being evaluated during the mediation process (APA, 1987a, p. 78).

Case 9-2

A group of researchers (Campbell, Sanderson, & Laverty, 1964) wanted to study the effects of traumatic conditioning. Hospitalized alcoholic patients were approached about volunteering for the study. They were told that the study was connected to a "possible therapy for alcoholism." In fact, the study had nothing to do with a treatment for alcoholism; rather, Campbell et al. were studying a classical conditioning paradigm that paired a neutral tone with intense fear. The "volunteers" heard a tone and were injected with Scoline, a drug that produces motor paralysis. The paralysis includes the diaphragm and muscles, so the participants could not move or breathe for almost 2 minutes. It also produced such intense fear that some participants reported that they thought they were dying. Although no permanent physical harm resulted, the procedure produced a long-lasting fear response to the sound. In some patients, the response could not be extinguished even after several attempts (Diener & Crandell, 1978).

Case 9-3

After entering a doctoral program involving training to be a therapist, students are told that they will be required to participate in psychotherapy for a year prior to beginning their internships. Students are given a list of practitioners who will provide the therapy at a reduced cost. Nevertheless, several students complained that there was nothing in the program materials that they received that indicated that participating in therapy was a requirement and that even though it was being provided at a reduced cost, it was an expense for which they had not planned.

Case 9-4

Alice, a 25-year-old woman with schizophrenia, hates the side effects of the medication that is successfully controlling her thought disorder. She consents to enroll in a medical research study designed to test how long

persons with schizophrenia can remain free of psychiatric problems after stopping medication. Two weeks into the study, her parents begin to worry that some of Alice's "bizarre" behavior may be returning. When they ask Alice to withdraw from the study, she refuses. Her parents approach the hospital conducting the study to challenge the legitimacy of Alice's consent to remain in the study that places her mental health at risk (Fisher, 2002, p. 279).

Case 9-5

A researcher studying pain used an apparatus that included numerous screws that could be tightened to press against the participant's head. According to the published report, some students agreed to participate because they thought it was a requirement for a course in which they were enrolled. They thought that if they refused it would affect their medical school grades and alienate the researcher who also taught the class. The participants were told to endure the pain inflicted by the head apparatus as long as possible. After one of the participants reported that he could no longer endure the pain, the experimenter mentioned that others had braved it much longer and, in other ways, threatened the participant's self-image and masculinity, thus inducing him to continue to wear the head gear for a longer time period.

Case 9-6

Mr and Mrs Mean's son, Mark, was diagnosed with severe autism at age 3. Consequently, they placed him in an inpatient facility for treatment. Mark's symptoms included head banging and other self-injurious behavior. Although several treatments were tried after admission, none were successful. After about 6 months, Dr. Smith, the chief psychologist, approached the parents. She informed them that all of the conventional treatments had failed but that the staff would like to try an experimental, electroshock therapy. She indicated that they would have to sign a special form giving them consent to use the treatment. She indicated this was the only alternative that had any possibility of helping Mark. In addition, she told them that if they did not give permission, they would have to move Mark out of the facility because he was becoming too difficult to control. Mr and Mrs Mean felt confused and concerned about the use of a painful treatment with their child who was still a toddler. They also felt on the spot because the only alternative treatment facility was over 100 miles away. Reluctantly, they signed the agreement. On returning home, however, they called Dr. Samuels, the psychologist who initially diagnosed Mark. He indicated that although he had not seen Mark's treatment history, there were several new treatments that had been successful with children like Mark. He also recommended another hospital where these treatments were being used. On the basis of this information, the Means decided to move Mark to the new facility, even though it was further from their home.

Because the transfer was going to take several days to arrange, the Means called Dr. Smith and told her to stop using the shock treatment. Dr. Smith indicated that because they had already signed a consent form, the facility would continue to use the treatment on him unless the Mean family wanted to remove him from the facility the next day. After making arrangements for Mark to move, the Means consulted a lawyer and filed an ethics complaint with the state psychological association.

Case 9-7

A psychologist was asked to conduct a presentencing psychological evaluation of a man who had been convicted of murdering two children. The evaluation would be used to aid the court in deciding whether or not to sentence him to death. The psychologist met with the convicted killer and told him the purpose of the evaluation: to gather information that would be used to decide whether he would get the death penalty. She went on to explain that "the courts could consider certain psychological problems or histories as mitigating factors, lessening the likelihood of the death penalty, whereas other problems or histories could be considered

aggravating factors, and so increase the likelihood of the death penalty.” She also indicated that she would not use projective tests because clients are not always aware of what they are revealing when they respond to such tests (APA, 1987a, p. 77).

Case 9-8

A psychology department instituted a 2-hour research participation requirement for all students enrolled in introductory psychology classes. Students who did not wish to participate in the research had set up a meeting to explain their objections to the instructor and to write a 15-page paper on a research topic approved by the professor. In anonymous course evaluations, many students said they participated in the required research because they were afraid they would get a bad grade in the course if the professor knew they did not want to participate in the subject pool or they believed it would take more than 2 h to complete a 15-page paper (Fisher, 2003a, p. 156).

Case 9-9

A team including psychologists received IRB approval to assess side effects of medication recently approved by the Food and Drug Administration (FDA) as an alternative to Ritalin for the treatment of hyperactive children. Using a Latin square design each child would be given 2 weeks of five experimental conditions (placebo, three different dose levels of the new medication and one dose of Ritalin). Although there had been no long-lasting negative side effects observed in adults, there was some controversy in the literature about whether animal studies demonstrating some negative side effects of the new drug were applicable to humans. The researchers include a paragraph in a parental permission forms describing the animal results in stating there was some unknown risk that the drug could cause permanent neurological damage to children. Many of the parents had children who had not been helped by Ritalin. To avoid inadvertently implying that the animal data suggested that the medication was a better drug, the investigators were also careful to clarify in the permission information that the reason the study was being conducted is because as yet there was no empirical evidence indicating the agent would be more effective than Ritalin. On entry to the study, parents were also informed that at the end of the child’s participation, investigators would prepare a summary letter for the parent and with signed parental permission the child’s primary physician would also receive a letter and any recommendations for treatment than emerge from the study.

Case 9-10

A counselor wanted to study the effects of peer pressure on children. To study the issue, she identified elementary school samples and asked parents’ permission to include their child in a study of peer pressure. The students answered questions about their preferences for several toys and then joined a discussion group. Without telling the participants, she trained a group of confederates to endorse preferences that were different from the ones chosen by the research participants. When participants were asked about their preferences in the group, they were faced with indicating an unpopular choice. In the debriefing, participants were told that the confederates were instructed not to say what they really liked but to choose what the participant did not. Although many students thought the study was fun, a few look perplexed. One asked the researcher why she told the group members to “lie.” Several parents objected to the study and argued that it unintentionally endorsed lying, a behavior they tried to discourage in their children.

Case 9-11

Mary started seeing Dr. Sinski at a mental health center. She admitted lying about her age on the intake forms so that she could get treatment without her mother’s knowledge. She was only 17, but the legal age

for consent in that state was 18. She told the therapist that she was worried about her sexuality and it was making her so anxious and upset, it was interfering with her sleep. Dr. Sinski told Mary he had to inform her mother that she was seeking treatment, but that the only time he would break confidentiality and talk with her mother was if he thought she was a danger to herself or to others or if he discovered she was being abused. They agreed that Mary would tell her mother that she needed help because she was having difficulty sleeping. Mary agreed to treatment under those circumstances, and her mother gave legal permission for Mary's treatment with the same limitations.

As Mary got into treatment, she confided being attracted to some girls at her school and being fearful that she was a lesbian. Dr. Sinski worked with Mary for several weeks to establish a noncoercive environment in which she could explore her sexuality. At one point, however, Mary's mother called and accused Dr. Sinski of breaking his promise. She had found out that Mary was talking to him about "sexual deviance," which was a "danger" to Mary's soul. She demanded that Dr. Sinski either stop seeing Mary or stop talking about that "homosexuality stuff" with her (Sobocinski, 1990).

Case 9-12

Ned is the 8-year-old son of the Passaic family. He's being interviewed for participation in the psychosocial study to treat emotional outbursts. Initially, the investigators asked the parents to describe Ned's current functioning try to understand whether he has the capacity to understand the study information. She also involves him in a brief conversation, however, he acts out, describes the study is a silly waste of time and does not appear to understand what a research study is. Consequently, she suggests it might be more comfortable for Ned to temporarily play in the outer room while the adults continue their conversation. She explains the study to the parents and then asks them to explain back to her what they see as the key aspects of this study and their rights. She then asks the parents how they usually make family decisions and finds that they seldom invite Ned to help make important decisions because he usually chooses the opposite of what they think is best for him out of spite. As a result, they decide the parents will make the ultimate decision about his participation; however, he will still be consulted. At that point, Ned is invited back into the room, but the investigator encourages his developing autonomy by saying something like, "Before your parents make the final decision, I'd like to tell you more about the study so you can ask any questions and help your parents understand what you would like *them* to take into consideration." Ned says he doesn't want to miss school, so the researcher assures him their time together will take place after school and although she reminds him that his parents will be making a final decision, she tells him he'll be able to make several decisions along the way. For example, she says if it's okay with his parents he can decide what day he wants to start study.

Case 9-13

A researcher-intervener wanted to establish a needle exchange program among street people and needed to know about her clientele and their concerns: Are they diverse populations, or are they homogeneous? How will she identify individuals for repeated measures? How can she best arrange to meet with them and avoid police arrest for exchanging needles? What are their needs and concerns? There was no established gatekeeper except some street people who were respected by their peers. After some conversations with individuals in the area where she considered establishing the needle exchange program, she issued a word-of-mouth invitation to dinner. She rented a hotel room in a flophouse and cooked hot dogs, sauerkraut, and soup; she also served cake, donuts, and soda pop in abundance. Her hot dog ethnography, as it has been called, was a great success. Most street people are quite hungry. About 40 people attended, which is surprising, given that they are a stigmatized population and police entrapment was a possibility. The researcher was known to them from her previous outreach efforts, which helped engender trust (Case, 1990).

Case 9-14

Dan was a doctoral practicum student who was receiving supervision from Dr. Lopez. Dan reported in supervision that he was irritated by the behavior of one of his clients, who, like Dan's father, was an alcoholic and estranged from his family. They processed the countertransference during supervision, and it did not seem problematic in subsequent work. When Dr. Lopez completed Dan's evaluation at the end of the quarter, he mentioned that being a child of an alcoholic had created some difficulties early in supervision, but they had overcome them appropriately. He gave Dan a very positive evaluation and sent Dan's faculty supervisor a copy of the evaluation.

After reviewing the evaluation, Dan was shocked that Dr. Lopez would disclose such personal information to one of his professors. He felt betrayed because he believed that what they shared would be kept private. Dr. Lopez explained that he routinely consulted with faculty. Furthermore he pointed out that the anecdote provided a useful illustration supporting the favorable evaluation.

Chapter 10**Case 10-1**

A therapist working within a managed care facility files a request for additional individual sessions for one of her clients. One of the managed care company's conditions for reauthorization involves a review of the client's file, including session notes. Although the therapist informed the client of the legal limits of confidentiality at the start of therapy (harm to self, others, or child abuse), she has not reviewed the issue since the first session. Several weeks into therapy, the client revealed his struggles with a sexual fetish and exhibitionism. The client is extremely fearful that his employer, family, or others will learn about his "problem." After the managed care company authorizes additional visits for the client, and the client is informed of this, he asks the therapist whether the managed care company was informed as to the reason he is in therapy. When the therapist acknowledges that the managed care company had access to client data, the client becomes enraged and accuses the therapist of failing to inform him of all the limits to confidentiality.

Case 10-2

A counselor has been providing individual therapy to a 15-year-old girl whose parents are concerned about her recently declining school performance and her withdrawal from many social activities. At the outset of the treatment, the parents agreed to the counselor's recommendation that their daughter's treatment be kept confidential unless she was a danger to herself or to others. This meant that, even though the parents legally have a right to access information regarding their minor child's treatment, they wished to respect the therapeutic relationship and not request information. Several weeks into therapy, the daughter has disclosed that she is involved in a sexual relationship with a 20-year-old male, who has also introduced her to cocaine. Although the adolescent client is not threatening to harm herself or anyone else, her behaviors are not only risky, but have potentially life-altering consequences. The counselor wonders at what point confidentiality must be sacrificed so that the child's parents can take steps to protect her.

Case 10-3

A psychologist is conducting research on the health habits of men diagnosed with HIV/AIDS. The psychologist's consent form assures participants of confidentiality, with the exceptions of harm to self, harm to others, or reported child abuse. Although the psychologist, who designed the study, is responsible for conducting the data analysis, research assistants conduct the face-to-face interviews with the HIV/AIDS participants. While reviewing the files, the psychologist discovers that one of the participants is her sister's husband. The psychologist does not believe that her sister is aware of her husband's HIV-positive status and is concerned

that the lack of information could jeopardize (or prove lethal to) her sister's health. The psychologist considers breaking confidentiality and informing her sister of her husband's HIV status.

Case 10-4

Bier, a private civilian therapist, provided counseling for Jessica Brakey, an Air Force Academy cadet who had accused a fellow cadet, Joseph Harding, of sexual assault. Preparing for Harding's court-martial, his attorneys subpoenaed the treatment records of his accuser's therapy with Bier, stating that their client's right to a fair trial superseded any right to privacy on the part of Ms Brakey. Bier, upholding her client's privilege, refused to turn over any records, even when she faced a contempt of court warrant, potential arrest, and possible time in jail. "There's really no other ethical or moral way for me to act" Bier said. "It's really a difficult position. I'm not a disobedient American. I don't take refusal of a subpoena lightly" (Kohler, 2005). Eventually a federal appeals court blocked the military from arresting Bier, but her willingness to stand firm and faithful to the promise of confidentiality in the face of imminent arrest was a remarkable demonstration of ethical virtue.

Case 10-5

Mr and Mrs Ben brought their daughter Kerry, age 13, and son Tom, age 16, in for family counseling because they had been "playing doctor" and their daughter was upset about it. Kerry had told her mother that Tom came into her bedroom at night and sometimes touched her "down there." He told her he was just "checking her out like a doctor to make sure she was growing right." Although Kerry did not initially resist, when Tom put his finger in her vagina she got scared and told him to stop. After that incident, she told her mother that she did not want Tom to come into her bedroom again. Tom, who was embarrassed by the incident, said he had not meant to hurt his sister but that he was just "fooling around."

After hearing the family's report, the therapist reminded the Ben family of the consent form they had signed and indicated he was obligated to report the incident to child protective services. At that point the entire family begged him not to do so. They pointed out that they were living in a small town and were known by everyone. Mr Ben was in a position of power and authority, which might be undermined if this information came out. Furthermore, because they were one of the few African-American families in town, he was afraid that disclosure of the incident would exacerbate stereotypes of African Americans and prejudice against his family. They said that the local department of social services was known to leak information into the community and one of Mrs Ben's best friends worked there. They argued that they were taking action to make sure that nothing like this happened again and that if the information got out the whole family would be ruined.

Case 10-6

A practicum student called her campus practicum instructor asking for advice. A current client reported robbing a gas station at gunpoint 2 years earlier. He had never been caught for his crime and felt guilty. He said that no one was hurt in the robbery and at that point in his life he was desperate for cash. He had not committed a crime since then and believed he had turned his life around. When the student talked with her on-site supervisor, the supervisor said she had to report the client because he had committed a felony.

Case 10-7

A therapist had been working on anger management with Mary for two months. Mary reported that she had been more successful recently in controlling her verbal outbursts when she was upset and that she felt less angry. In the process of discussing her success, she also indicated she did not feel like setting fires any more. As the therapist explored the last statement, Mary admitted setting a fire in the ladies room at work as recently as 2 weeks after therapy started. She said she set the fire in a trash container hoping her boss would find it

and have to clean up the mess. She indicated she did not believe the fire was dangerous, nor had she done anything like that previously. She did admit, however, that she liked playing with matches as a child and that once while playing with matches, she had set a bush on fire in her parents' yard.

Case 10-8

A student in a graduate counseling program discloses to her professor that she was recently the victim of rape, and that the trauma has made it difficult to concentrate or complete her work. She asks him to keep the information confidential. At a subsequent department meeting, other faculty members note that the student has not been attending classes, and they share their concerns that her erratic behavior suggests a lack of responsibility and a disregard for the program.

Case 10-9

In a supervision group at the college counseling center where she is interning, Jackie shares her growing frustration with a client whom she sees in individual therapy. She mentions that he came to his last session smelling of alcohol, even though he maintains that he is in recovery. Though she does not mention him by name, Jackie reveals enough information about this client that Sheri, who is a practicum student at the counseling center, recognizes the client as a fellow student in one of her classes. Sheri blurts out, "Oh my goodness, I know him. I think he was drunk in class last week, too." The group supervisor aborts the conversation, aware that this client's confidentiality has been compromised, that the "clinical" discussion has devolved into something bordering on gossip, and that both Jackie and Sheri have revealed, through their disclosures, information about themselves that is potentially important to their evaluations as developing clinicians.

Chapter 11

Case 11-1

A psychologist works in a rural community where he is a member and the deacon of a local church. There are very few mental health resources in the community as well as in a 100-mile radius. People from the church he attends often seek out his services, both because they know him already and because he understands their spiritual perspective. Sometimes they come to him after they have tried other mental health resources in the community and are dissatisfied with the quality of the help they have received elsewhere (Borys & Pope, 1989).

Case 11-2

A new therapist in a mental health center works for 6 months with Becky, a client who has problems in interpersonal relationships. As they near termination, the therapist discovers that Becky is dating John, one of her husband's best friends. One night after she and her husband have gone to a movie, they stop at a local coffee shop and bump into Becky who is with John. John asks the therapist and her husband to join them at a table. When the therapist resists, her husband asks her why she does not want to be sociable. She feels caught because she cannot break Becky's confidentiality to let her husband know why the situation is awkward. Because her husband insists, they join the other couple and John introduces them to his date, who does not acknowledge that she and the therapist have a prior relationship. At the end of the evening, John suggests they get together the next weekend. The therapist thanks him for the offer but indicates that she is busy. When they leave the coffee shop, her husband gets angry because they don't have other plans and accuses her of not liking his best friend.

Case 11-3

A psychologist provided intermittent couple and family therapy to Mr and Mrs Gonzales over several years. During this period, the psychologist was approached by Mr Gonzales to work as a consultant for the human resources department in the company where Mr Gonzales was a regional vice president. Two years later, Mr Gonzales was fired for mismanagement. The psychologist, who was a consultant for the human resources department, was brought in to facilitate the termination meeting. After Mr Gonzales was fired, he and his wife experienced deepened marital distress and they again sought the psychologist's help. Eventually, Mrs Gonzales brought ethics charges against the psychologist for participating in a multiple-role relationship that might have led to a loss of objectivity and for failing to resolve a multiple relationship once it had arisen (APA, 1996, p. 904).

Case 11-4

A graduate student felt very lucky to be asked to be a teaching assistant for a respected faculty member's course in psychopathology. In addition to getting a stipend and a tuition waiver, the student got to know the faculty member on a more personal basis and eventually the faculty member asked the student to work on an article with him. The student, excited about the prospects, worked long hours with the faculty member on the potential publication. One afternoon while they were engaged in a discussion, the faculty member looked at his date book and realized that he had double-scheduled the next hour. He was supposed to pick up his children at the day care center and be a guest speaker in an ill colleague's class. The student volunteered to pick up his children and bring them back to the faculty member's office. Over the next few weeks, the faculty member's requests for "little favors" increased. Although the student resented these intrusions into his own tight schedule, he was afraid to turn the faculty member down because he was dependent on him for his job as well as the publication.

Case 11-5

A student entered into an advanced practicum at a university counseling center where she is assigned a supervisor. After working together for a semester, the supervisor evaluates the student "at the expected level" for her amount of training. During this same period, the supervisor and the student conduct a short research project together and submit it for presentation at a regional convention. When the paper is accepted, both are elated and agree to travel to the convention together. During the convention, the student discovers that the supervisor is engaged in an illegal activity and confronts her about it. At this point, their relationship deteriorates. At the end of spring semester, the supervisor again evaluates the student, this time "below the expected level" in her capacity to accept supervisory input and in her defensiveness. She suggests that the student needs remedial work. On being questioned by the training director, the student reports that she never felt safe in supervision after the encounter at the convention and did not know how to handle her supervisor's hostility.

Case 11-6

A well-known psychology professor is interested in studying differences in problem-solving skills between college and graduate students as a result of different environmental variables. Because he works in a setting where there is a large graduate program, he solicits volunteers from his classes. Although the project is entirely voluntary, some students report that they felt like they could not afford to refuse to participate because they were not only students in his class but also because he was also the department chairman. Further, they worried that he would have access to their problem-solving data and that if they performed poorly on the test, he might be biased against them.

Case 11-7

Dr. Kaye and Christine had worked together as therapist and client for 1 year. They had developed a good relationship over the 12 months and Christine felt like her goals had been obtained. In a final session the two agreed to meet again should Christine see the need. Two months later Dr. Kaye was contacted by his former program chair and asked to meet with the program faculty and a few doctoral students to discuss possible changes to the curriculum. To Dr. Kaye's surprise Christine was at the meeting. He was very uncomfortable. To his knowledge the faculty did not know that they had worked together as therapist and client. Several options came to mind; he could think of an excuse for leaving the meeting as soon as possible, pretend to know not know Christine when introduced, or try to find way to chat with her in confidence assessing her comfort with him being there? Just as he was getting ready to excuse himself with an "emergency" Christine came up to him and quietly said, "I hope you can stay. Because of our good work together I encouraged the faculty to ask you to join us." Dr. Kaye felt less ethically awkward about the situation and stayed for the meeting, fully participating with ideas about changes for the training program based on current practice issues. At the same time he was careful to honor the therapeutic relationship with Christine by not referring to his work with her or any other work he had been part of with students from the program. Although Christine had shared the information with the faculty about her therapy relationship with faculty, the ethical issue still remained that Dr. Kaye needed to keep his role clear in the context. He was there at the meeting to share his current understanding of the profession which would help in program planning.

Case 11-8

Mr Sand had once participated in business-related workshops with a psychologist, after which they met for drinks a few times. Two years later, the psychologist called Mr Sand to say that he had recently opened a private psychotherapy practice and was taking referrals. Mr Sand confided that he and his wife were experiencing marital difficulties. The psychologist indicated his willingness to see them. Mr Sand was unsure whether his wife would agree, considering their earlier socializing. The psychologist said he saw no problem because it had been more than 2 years and suggested that it might be easier to talk with an acquaintance than a stranger. Mr Sand agreed, and an appointment was arranged. In the first sessions, Mrs Sand stated that she doubted the psychologist's ability to be fair and unbiased, given his previous friendship with her husband. Both the psychologist and Mr Sand assured her that no such relationship currently existed. Therapy proceeded, and Mrs Sand repeatedly challenged the psychologist's impartiality, stating that she felt his interpretations were biased toward her husband (APA, 1987a, pp. 83–84).

Case 11-9

A therapist had been seen a client for several sessions, however, her insurance refused to pay for any more sessions. The client had very good computer skills and offered to trade her computer skills for additional therapy sessions. Because the therapist charged more for his sessions than was the going rate for "secretarial services," the client eventually fell further and further behind in her payments. Eventually, for all intents and purposes, the client became an indentured servant for the therapist (APA, 1987a).

Case 11-10

A therapist signed his son up for Little League baseball. After he had done so, he found out that the former coach was no longer available and that one of his current clients had stepped into the position. They saw each other frequently at games and when the therapist took his son to practice. The therapist was particularly vocal about how the team should be run and expressed his feelings during the game. The therapeutic alliance was irreparably damaged because the client felt the therapist no longer approved of her.

Case 11-11

Mr Rand contacts a psychologist for treatment of depression. After a thorough assessment, the psychologist diagnoses him with a major depression and formulates a treatment plan. When the psychologist contacts Mr Rand's MCO, the case manager tells him that he is cleared to provide up to six psychotherapy sessions and that he should also refer Mr Rand to a psychiatrist for antidepressant medication. When the psychologist reminds the case manager that Mr Rand's policy allows up to 20 sessions of psychotherapy, the case manager points out that the psychologist is already over his quota for long-term patients (those that continue beyond 6 sessions) and that if he cannot treat Mr Rand in 6 sessions, there are others on the provider panel that can. She argues that most depressed clients get better within this period of time when psychotherapy is combined with medication.

Case 11-12

Dr. Cheryl's first semester as a faculty person was rather difficult. She had moved across the country for this new position and a support system within the department was slow in coming. Several of her doctoral students seemed to gather at her office on Friday afternoon to discuss upcoming weekend events (both personal and academic). One particular doctoral student in particular, LaVonna, seemed to find many reasons and opportunities to connect with Dr. Cheryl outside the classroom. In fact, right before the semester break, LaVonna invited Dr. Cheryl over to her home for dinner with her and her family. When Dr. Cheryl accepted the invitation the student responded, "Oh good! I have other friends coming too. I really want you to meet them. They are just like you. They've been really supportive friends for me this semester." Dr. Cheryl was a little surprised and taken aback. Friend? Is that how LaVonna saw her? She started to rethink her decision to attend the dinner and wondered how she would address the possible miscommunication about their relationship.

Case 11-13

Dr. Sanders was trying to figure out what to do. He and his wife had been planning a trip for over 6 months and now the child care person they had hired to watch their two young children was in the hospital and would not be able to work for them. As parents, Dr. Sanders and his wife were cautious about whom they hired as sitters. They had two bad experiences and weren't willing to trust just anyone. One person, a student in the program came to mind. Dr. Sanders knew he could trust Tiffany. She was a very good student and loved kids. In a month she would graduate from the program. She would be a graduate, a former student three days before Dr. Sanders and his wife would leave for their trip. Dr. Sanders decided to ask Tiffany if she would watch his children.

Case 11-14

A new faculty member at a comprehensive university sometimes played tennis at a local health club where one of his older undergraduate students was also a member. At one point, the student challenged the faculty member to a game of tennis and the faculty member accepted. After that, they played almost weekly. When the student did poorly on the midsemester examination, the faculty member took him aside and offered to help him with the material if he needed it. The student did not take him up on the offer. They continued to play tennis. Later in the semester, the student invited the faculty member and his wife over to his home for dinner. The faculty member naively accepted. Sometime during the evening, the student dropped the hint that because he and the faculty member were such good friends, he would certainly do well in the class. The faculty member indicated, however, that their personal relationship would not affect how he graded. When the student got a D grade, he was frustrated and angry. When the faculty member asked him why he did not take him up on the

offer for extra help, the student indicated he wanted to be friends with the faculty member and did not want to appear stupid.

Case 11-15

Dr. Jenkins works with an evaluation team within a large nonprofit organization. At a staff meeting, one team member suggests watering down the negative aspects of an evaluation of a federally funded project because it was doing good work. The team member points out that in the competitive grant-funding world, any negative comment may lead to the funding being terminated. Dr. Jenkins feels caught between his responsibility to accurately report the findings and a responsibility to provide support for what he believes is a worthwhile project (Newman & Brown, 1996, p. 154).

Chapter 12

Case 12-1

A 17-year-old adolescent male entered a 30-day drug and alcohol treatment program. Within 2 weeks of his arrival, a female therapist began making sexual advances toward him. She bribed him with alcohol and drove him to a motel where they had sex. When discovered, the therapist was sued by the boy's parents and charged with a felony (Newcomer, 1990).

Case 12-2

I had been seeing Ann for almost a year regarding self-esteem issues surrounding her feelings about being an attractive woman. She had been making good progress until we seemed to hit an impasse in therapy. I adjusted the treatment to overcome resistance. I employed several tactics, one of which was to share more of my personal life with her; another was to see her outside the usual office setting. Eventually, I disclosed that I found her attractive and we ended up having sex.

Case 12-3

That I became involved in a sexual relationship with her is true. While my actions were reprehensible, both morally and professionally, I did not mislead or seduce her or intend to take advantage of her. My fault, instead, was failing to adequately safeguard myself from her seductiveness, covert, and overt (Pogrebin, Poole, & Martinez, 1991, p. 8).

Case 12-4

I truly had no prior awareness of my vulnerability to a homosexual relationship before she became a client. In fact, it was such an ego dystonic experience for me that I soon ended up in the hospital myself and had 2 years of psychotherapy. From this therapy, as well as some follow-up therapy, I have come to understand the needs, which led to such behavior. I regret the negative impact it has had on both of our lives (Pogrebin et al., 1991, p. 14).

Case 12-5

Joan's therapist declared his love for her early in their relationship, announced that the therapy was over, invited her to dinner that evening, and eventually married her. Two and a half years after they wed, he cast her off for another woman. Joan ended up taking antipsychotic medication. "What happens is, you've given

away your secrets,” Joan said. “He knew what was wrong with me. He knew how to push my buttons” (Winokur, 1991, p. A1).

Case 12-6

Kim saw her psychotherapist twice a week for 2 years. It was always the same. She said there was 10 minutes of talk, and then she serviced him sexually. “He told me it would be unethical for him to reciprocate,” Kim remembered. “But I thought, “He loves me.” After each session, Kim paid her \$50 hourly fee because, she explained, she didn’t want her therapist to think she was taking advantage of him. “It’s hard for me to talk about this now without feeling stupid” (Winokur, 1991, p. A1).

Case 12-7

I was walking through a mall one day and noticed a very tall, good-looking man walking toward me. He was the kind of man I was often attracted to, and I had a brief fantasy about dating him. Suddenly, I realized he was a former client. He approached me and indicated he was happy to see me because he had been thinking about contacting me for a few more sessions of therapy. When he walked away, I realized that although my perceptions of him might have changed, his perceptions of me had not. He saw me as his therapist, not as a potential dating partner.

Chapter 13

Case 13-1

An academically promising Latina teenager asks for an appointment with a school counselor. She explains that she’s pregnant and depressed. She admits being gang raped by a group of primarily white members of the football team. She didn’t want to make a big fuss and was afraid to do so because of the power and prestige that football players have in typical high schools. From an intrapsychic perspective the counselor could use traditional cognitive behavioral therapy to help her deal with her depression and family counseling to help her tell her family about her pregnancy. On the other hand, the girl had been raped. From a social justice perspective he had to do much more. He needed to make an intervention with the football coach, the players, and the principal.

Case 13-2

A school psychologist was asked to assess an 8-year-old boy who had been acting out in class. In the past, he had been withdrawn and the other children considered him to be strange. For the past several months, however, he had been disrupting the class with bizarre statements and sometimes had destroyed other students’ property. At one point, his teacher caught him starting a fire in the restroom. She was much stressed and told the psychologist that she desperately needed help. After assessing the boy, there was no question in the school psychologist’s mind that he would fit the criteria for being seriously emotionally disturbed under the Individuals with Disabilities Act (1997). She was also aware that the Individuals with Disabilities Act required that such children be provided with a free education that met their unique needs. She agreed with the teacher that the boy was not able to get a proper education in the classroom. In addition, he was depriving other students of their education and might be a danger to them. However, the special education class available for such children was already overflowing. There was a private school where he could be referred, but the facility was very expensive. Furthermore, if the school referred him, they would have to provide the funds for his placement. Consequently, other students with special needs would suffer because the budget was tight and there would be less in the budget to support their education. The psychologist wondered if she ought to word her

report in such a way to minimize the boy's problems so that he didn't fit the criteria for seriously emotionally disturbed and work with the teacher to help her control his behavior in the classroom.

Case 13-3

Dr. Land was employed by a community mental health agency in a remote section of a Western state. The agency was located in a prosperous town, but clients were drawn from as far as 100 miles away because Dr. Land was the only licensed psychologist within that area. Consequently, his caseload was quite full. The area included a community of Native Americans who had access to no other mental health professionals. However, when approached by individuals who were Native American, Dr. Land simply refused to see them, saying only that he did not want to work with people from that community. A nurse who worked with patients in the Native American community heard about one such episode and talked to him. She was especially confused because she knew that he had served his internship in a Native American community. He indicated that his internship had nothing to do with it; he simply preferred not to work with Native Americans. He noted that because he already had a full caseload and a waiting list, he could use whatever criteria he wished in deciding whom to see (APA, 1987a).

Case 13-4

Based on a true story, the film *Stand and Deliver* (Musca & Menendez, 1988) illustrated well the impact this strategy can have on the lives of oppressed adolescents. In an East Los Angeles in 1982, a new math teacher, Jaime Escalante, is hired to teach basic math skills to poor, primarily Latino students in underfunded, inner-city high school. Recognizing that his students had more ability than they were given credit for, he inspires them, first, to enjoy math and then, to recognize their own skills. Over a 2-year period, he helps them develop not only basic math skills, but algebra, trigonometry and calculus. Sacrificing his own summers and time after school, he is determined to change the system and challenge the students. By the end of their senior year, he teaches them AP calculus, which would give them credit toward college, a goal none of them envisioned, and initially even their parents did not believe they could achieve. Meeting with parents helped them understand the importance of their sons' and daughters' potential achievement and began to nurture them as additional support systems. Eventually, all the students in his class took and passed the Educational Testing Service's (ETS) exam that would give them credit toward college. However, because of inherent racism and belief that poor students could not achieve at that level, the ETS accused the entire class of cheating. Escalante intervened and encourage ETS to give the students a second exam with their own examiners as proctors. Again, all students passed. Escalante had not only provided students with the first step toward college, but also a new belief in themselves.

Case 13-5

An African-American male therapist met with a middle-aged, heterosexual African-American couple. Because the husband was on a conditional release from the state mental health agency, he had to maintain regular contact with a designated mental health agency. During his regular meeting with a therapist, the couple indicated they were depressed because their nephew was being prosecuted for murder that he did not commit. The therapist, believing that he had the competent training to address social political forces, decided to take a social justice approach to some aspects of the case. Initially he emphasized with the couple's feelings of hopelessness pertaining to helping their nephew. In other words, he validated their feelings without agreeing that the situation was hopeless. After establishing rapport, he shifted his questions to ask them what they would like to do in order to help their nephew. They indicated they wanted him to have "justice," but had no ideas about how to help him receive it. Although the therapist initially assumed the couple had already attempted to develop solutions to the problem, he found they had not tried any. The therapist then shifted

toward collaborating with them on developing solutions, rather than paternalistically imposing them. Since he knew the family's history and worldview, it allowed him to make informed choices about how to empower them and what roles to take in the process. Basically he operated from the principle of "only do for a family and what it cannot do for itself" (Toporek & Williams, 2006, p. 29). The couple indicated they would like to support their nephew during his court appearances but they did not have any other ideas on how they could help him. At that point, the therapist shifted from the role of a collaborator to that of an expert and explained to them the role of the attorney general and how the attorney general's responsibility was to look into cases that might involve some improprieties. The move from collaborator to expert was done because in the therapist's assessment, the couple was uninformed about the legal system and their options. On the other hand, he was also aware that he needed to maintain appropriate boundaries and limit his role as an advocate. Realizing the case might be public issue, he used informed consent to help the couple understand the possible consequences they might face if indeed he received public attention. Throughout the session the therapist refrained from imposing his social justice agenda and used informed consent at each step in the process. This is important because mental health professionals who are involved in social justice may forget sometimes their clients may not understand self advocacy or feel entitled to it. Consistent with this principle of not doing more for families than they can do for themselves, the therapist collaborated with the couple toward initiating action beyond just supporting their nephew in court. He helped them learn how to identify and contact appropriate government officials and then role-played with them how they might talk to the attorney general or district attorney. He offered them the option of making the call from his office, but they chose to do it on their own. Eventually, the couple was able to facilitate a second trial for their nephew.

Case 13-6

A client contacts a psychologist who is a provider for her managed care insurance. She is allowed only eight sessions. When the psychologist requests an extension of services, the administrators of the managed care insurance agree to do so only in the case of a major mental disorder or if the patient is a danger to self or others. The client's diagnosis, dysthymia, does not qualify. The client's financial status is restricted, so the psychologist agrees to provide services on an as-needed basis for the client on a sliding-fee scale. A month later, the psychologist is dropped as a provider by the managed care company. Two months later, the client contacts the psychologist through the emergency answering service and indicates that she has overdosed (Vasquez, 1994, p. 323).

Case 13-7

A psychologist who has been treating the 8-year-old child of separated parents learns that the mother and father are contesting custody of the child in the pending divorce proceedings. The focus of the treatment has been the child's fears and anxieties before and after visits with her father and the mother's concerns that the child may have been sexually abused. The psychologist strongly believes that children, especially girls, are most often better raised by their mothers, whom she believes have better nurturing skills. The psychologist is soon asked by the mother's attorney to offer an opinion on the custody question . . . and what sorts of visitation arrangements with the father would be most appropriate. Without conducting further evaluation of the child, the mother, or the father, whom the therapist has never met, the psychologist offers the opinion that custody should be awarded to the mother and that, in light of the child's anxieties and the uncertainty of what may have occurred during past visits, visitation with the father should be halted until he had been evaluated (Clark, 1993, p. 304).

Case 13-8

You respond to a request from the court to conduct an evaluation in a situation of contested custody. You carefully study each parent in relationship to their two small children, observing their capacities to be empathic,

set limits, and resonate to the developmental needs of each child. The mother, although genuinely and desperately trying to do well, continues in situation after situation to appear less capable in the parental role than the father, who seems at ease, tuned in to both son and daughter, and able to be present with them rather than anxious about pleasing you, the evaluator (Brown, 1994b, p. 201).

Case 13-9

Juan Pena applied for admission to a doctoral program in Counseling Psychology. He is the son of Mexican immigrant farm workers but was born in the United States. His verbal Graduate Record Examination (GRE) score was 420, and his math score was 620. His combined score was just under the 1,050 cutoff for the program. Jack Higgins, who was in the same applicant pool, grew up in an upper-middle-class family in Iowa. His verbal and math GRE scores were 620 and 610, respectively. Both prospective students had good recommendations, undergraduate grades and equivalent writing samples. Mr. Pena explicitly stated his commitment to work with Mexican Americans. His research interests involved self-efficacy issues in the same population. Mr. Higgins' research interests were very similar to a faculty member's, and he explicitly indicated a desire to work with that faculty member on research.

Case 13-10

The director of a community health center in a Black Haitian community charged a psychologist with violating the APA ethics code. The psychologist was investigating the presence of voodoo beliefs and spiritual healing among Haitians. The director charged the psychologist with using an interview methodology that was insensitive and ignorant of the community's cultural traditions. He stated further that the students used to do the interviewing insulted members of the community. The psychologist indicated that she believed she understood the culture and felt qualified to conduct the research because she had spent several years in Haiti and had done her doctoral dissertation on spiritual healing. She also spoke French and patois. In addition, she had trained her graduate students both in interviewing and about the culture. In hindsight, she indicated that she may not have trained them thoroughly. She suggested that the real problem was a political one because she began the investigation without consulting the director of the community center, which was the locus of the neighborhood council (APA, 1987a).

Case 13-11

Yaro was a developmental psychologist with a large multiyear grant working on predictors of suicide among low-income youth. He recently accepted some additional responsibilities in the department as the section head, which involved him in fund-raising and other administrative obligations. Consequently, he allowed a postdoctoral research associate, Dr. Zapata, to take the primary responsibility for organizing data collection and analysis on the grant. In addition, with his consent, she began to investigate some variables that had not been a part of Dr. Yaro's original conceptualization of the relevant issues. In fact, Dr. Zapata's hypotheses paid off and the study produced some very interesting findings. Because Dr. Yaro was so busy with his new responsibilities, Dr. Zapata wrote the article for publication, putting her name first on the draft of the manuscript. She then gave it to Dr. Yaro for comments and suggestions. When he returned the manuscript, the first thing she noticed was that he had switched the order of their names. When she complained that she had done most of the work and, in fact, contributed the ideas that led to the interesting results, he pointed out that it was his grant and he initially conceptualized the study.