CHAPTER 10

Standards on Education and Training

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

Psychologists responsible for education and training programs have an obligation to establish relationships of loyalty and trust with their institutions, students, and members of society who rely on academic institutions to provide the knowledge, skills, and career opportunities claimed by the specific degree program (Principle B: Fidelity and Responsibility). This requires knowledge of system change and competencies in academic program management and leadership skills (APA, 2012f; Standard 2.03, Maintaining Competence). Psychologists responsible for administering academic programs must ensure that course requirements meet recognized standards in the relevant field and that students have sufficient practicum, externship, and research experiences to meet the career outcome goals articulated by the program (Wise & Cellucci, 2014).

- Department chairs and other faculty responsible for undergraduate curricula development need to ensure that course requirements expose undergraduates majoring and minoring in psychology and students taking survey courses to the knowledge and skills considered fundamental to the discipline.
- Chairs or directors of doctoral programs claiming to produce graduates competent to conduct psychological research need to ensure that students receive education and training in research ethics and the theoretical, methodological, and statistical skills required to competently conduct psychological science in the specific fields emphasized by the program (APA, 2011b; Fisher, Fried, & Feldman, 2009).
- Psychologists responsible for professional degree programs need to ensure that course requirements and field experiences meet those required by potential employers, relevant state or professional organizations for program accreditation, internship placements where relevant, and applicable individual licensure and credentialing bodies.
- Psychologists administering internship programs must ensure that supervisory and training experiences meet the standards of the specific areas of psychological practice claimed, appropriate state and professional accreditation criteria, and state licensing board requirements (APA, 2015e).

Need to Know: Competency Benchmarks in Professional Psychology

The American Psychological Association's *Competency Benchmarks for Professional Psychology* (APA, 2011b) delineates core competencies that students should develop during training. Essential competencies are nested in six clusters: professionalism, relational, application, science, education, and systems. Programs are encouraged to choose the core competencies within each cluster that match their program goals. Behavioral anchors for each core competency are described at three developmental levels: readiness for practicum, readiness for internship, and readiness for entry to practice. The APA also provides a detailed guidebook (APA, 2012f) on how programs can adapt a rating system for their current training goals; the guide includes suggestions for sharing competence evaluations with students and creating remediation plans for students who do not reach required levels of competence. For additional discussion, see the Hot Topic at the end of this chapter, "Ethical Supervision of Trainees in Professional Psychology Programs."

The term *reasonable steps* reflects recognition that despite a program administrator's best efforts, there may be periods during which curriculum adjustments must be made in reaction to changes in faculty composition, departmental reorganizations, institutional demands, modifications in accreditation or licensure regulations, or evolving disciplinary standards.

Digital Ethics: Online Distance Education

Discussion of teaching ethics for online psychology curricula and distance learning programs has not kept pace with the rapid evolution and availability of online education. Distance learning using information technology raises complex questions regarding the adequacy of psychology programs to meet education and training requirements for a diverse student body from across the United States and in different countries. Psychologists administering online distance education might consider the following questions (Anderson & Simpson, 2007; Brey, 2006):

- Can the use of information technology ensure that the appropriate knowledge can be transmitted to students and that student acquisition of such knowledge can be appropriately evaluated?
- To what extent does the program meet accreditation, certification, licensure, or other requirements across different localities? Is the program description clear regarding the states or countries in which it meets such requirements (see also Standard 7.02, Descriptions of Education and Training Programs)?
- Does the use of web-based or Internet-mediated technology in higher education foster or undermine student diversity?
- Are the program admissions criteria and educational materials appropriate for the diversity of students who will apply for and be admitted into the program?
- Can experiential requirements be adequately provided, supervised, monitored, and evaluated at a distance through informational technology?
- Can the ethical values of the discipline be successfully transmitted and student ethical behavior adequately monitored through electronic media?
- Are faculty adequately trained in the use of online distance learning?

Interprofessional Training for Practice and Research in Primary Care

Doctoral programs in psychology will increasingly need to equip students with the skills necessary for professional practice, quality improvement and outcomes research, and team management and consulting in the integrated patient care systems of the future. Systems such as patient-centered medical homes (PCMH) and accountable care organizations (ACO) will need psychologists trained in applying patient-centered, accountability-focused, evidence-based, and team-based approaches to enhancing access to quality (Belar, 2014; DeLeon, Sells, Cassidy, Waters, & Kasper, 2015; see also the section on the Patient Protection and Affordable Care Act (ACA) in Chapter 1). Program administrators need to be aware of evolving APA accreditation requirements for externships and internships that provide trainees with opportunities to acquire direct experience and supervision in interprofessional systems of care and when appropriate documentation of

specialization as a basic credential for a practicing psychologist once licensed (Standard 7.01, Design of Education and Training Programs). Compliance with Standard 7.01 will also require curricula that foster competencies in the following:

- Implementation of ACA and related health policy goals and infrastructure
- Application of team science to outcome research within integrated health organizations
- Selection and integration of evidence-based practices within an interprofessional care model
- Appropriate integrated care patient electronic record keeping and billing
- Skills facilitating consultation with medical providers on behavioral management techniques to improve patient adherence to health care regimens

Readers might also refer to Standards 2.04, Bases for Scientific and Professional Judgments; 3.09, Cooperation with Other Professionals; 6.01 Documentation of Professional and Scientific Work and Maintenance of Records as well as Nash et al. (2013) and Rozensky (2014a, 2014b).

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

Department and program chairs and psychologists responsible for internship training programs must also ensure that prospective and current students have an accurate description of the nature of the academic and training programs to which they may apply or have been admitted. This standard of the APA Ethics Code (APA, 2010c) requires psychologists responsible for these programs to keep program descriptions up-to-date regarding (a) required coursework and field experiences; (b) educational and career objectives supported by the program; (c) current faculty or supervisory staff; (d) currently offered courses; and (e) the dollar amount of available student stipends and benefits, the process of applying for these, and the obligations incurred by students, interns, or postdoctoral fellows who receive stipends or benefits.

Standard 7.02 specifically obligates teaching psychologists to ensure that prospective and current students, externs, or interns are aware of program requirements to participate in personal psychotherapy or counseling, experiential groups, or any other courses or activities that require them to reveal personal thoughts or feelings.

Many program descriptions now appear on university or institutional websites. Psychologists need to ensure to the extent possible that these websites are appropriately updated. The term *reasonable steps* recognizes that efforts to ensure up-to-date information may be constrained by publication schedules for course catalogs, webmasters not directly under the auspices of the department or program, and other institutional functions over which psychologists may have limited control.

☒ A psychology graduate department described itself as offering an industrial–organizational track that included paid summer placements at companies in the city in which the university is located. The required curriculum included only one class in industrial–organizational psychology taught by an adjunct professor. Other required courses for the industrial–organizational track consisted of traditional intelligence and personality test administration classes, test construction classes, and statistics courses offered by faculty in the department's clinical and psychometric programs. For the past 2 years, the department had been able to place only one or two students in paid summer internships.

Need to Know: Language-Matching Training Experiences

The increasing language diversity of client/patient populations in the United States sometimes leads to matching bilingual graduate students with externship and internship populations for which their language skills are considered an advantage. Limiting bilingual trainees to work experiences with non-English-speaking clients or to one cultural–language group may deprive students of the broad educational training opportunities promised by the graduate or training program (Fields, 2010; see also Standard 3.08, Exploitative Relationships). Such assignments may also implicitly lead to misconceptions by bilingual and other students in the program that language competence is equivalent to multicultural treatment competence (Schwartz, Rodríguez, Santiago-Rivera, Arredondo, & Field, 2010). Faculty advisers and supervisors should actively assess bilingual students' training needs as well as their comfort and desire to work with same-language populations to ensure these students are afforded the same quality of education, respect, and autonomy that other trainees enjoy (Schwartz et al., 2010). English-only-speaking supervisors who rely on a trainee's language translations of sessions should also be aware that they may be providing feedback on clients that they cannot actually work with themselves (Standard 2.01b, Boundaries of Competence), and in some states, this lack of "proper" supervision might mean that the trainee is perceived to be practicing "independently" without a license (Schwartz et al., 2010).

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

Standard 7.03a requires that teaching psychologists provide students with accurate and timely information regarding course content; required and recommended readings; exams, required papers, or other forms of evaluation; and extra-classroom experiences if required. Psychologists who provide their syllabi via the Internet or who require students to use web-based references need to keep these websites accurate and appropriately updated.

Modifying Course Content or Requirements

This standard also recognizes that syllabi may sometimes include an unintentional error, required readings may become unavailable, changes in institutional scheduling may create conflicts in dates set for exams, and many times, psychologists have valid pedagogical reasons for changing course content or requirements at the beginning or middle of a semester. For example, a professor may find that assigned readings are too difficult or not sufficiently advanced for the academic level of students in the class. In such instances, it would be appropriate for professors to modify course reading requirements as long as materials are available to students and they are given sufficient time to obtain and read the materials. Similarly, in response to constraints imposed by publishers, bookstores, other professors, or the institution, psychologists may rightly need to modify required texts or exam schedules.

Modifications to course content or requirements do not violate this standard as long as students are made aware of such modifications in a clear and timely manner that enables them to fulfill course requirements without undue hardship. However, a professor who has neither discussed nor specified how students will be evaluated until the last week of class or one who fails to update an old syllabus that does not reflect the current content of the course would be in violation of this standard.

✓ In his first year of teaching, an assistant professor prepared a syllabus for an undergraduate developmental psychology course that drew largely on required readings from books by well-known developmental theorists. He carefully planned weekly quizzes, a midterm exam, and a term paper requiring a critique of several journal articles. Students performed very poorly on

the first two quizzes and did not seem to be involved in class discussions. The professor learned that for reasons unknown to the department chair, the dean's office had assigned this class as a "non-major" section. The students were therefore not as prepared as had been anticipated because, unlike psychology majors, most had not taken an introductory psychology course. The psychologist decided to modify the curriculum to ensure that students received a basic foundation in developmental psychology. He rush-ordered a basic developmental psychology text, extended the date of the midterm, and changed the topic of the term paper to a review of sections of the originally assigned books. He distributed a revised syllabus detailing the changes and gave the students the option of using the first two quizzes as extra credit.

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

Standards prescribing the nature of information that teachers should provide raise legitimate concerns about academic freedom. At the same time, in many ways, teaching is a "process of persuasion" where instructors are in the unique socially sanctioned and desired role of systematically influencing the knowledge base and belief systems of students (Friedrich & Douglass, 1998). Standard 7.03b reflects the pedagogical obligation of psychologists to share with students their scholarly judgment and expertise along with the right of students to receive an accurate representation of the subject matter that enables them to evaluate where a professor's views fit within the larger discipline.

The narrowness or breadth of information required to fulfill this standard will depend on the nature of the course. For example, a psychologist who presented readings and lectures only on psychodynamic theories of personality would be presenting accurate information in a course by that name but inaccurate information if teaching a general survey course on theories of personality. A professor who has been teaching the same material for 20 years when such material is considered obsolete in terms of the discipline's recognized standards would be providing students inaccurate information about the current state of the subject matter.

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

This standard requires psychologists to respect the privacy rights of students and supervisees. In many instances, information about students' or supervisees' sexual history; their personal experience of abuse or neglect; whether they have or are currently receiving psychotherapy; and their relationships with relatives, friends, or significant others is outside the legitimate boundaries of academic or supervisory program inquiry.

With two exceptions, Standard 7.04 prohibits psychologists from requiring students or supervisees to disclose such information.

Clear Identification of Requirements

Teaching and supervisory psychologists may require disclosure of information about sexual experiences, history of abuse, psychological treatment, or relationships with significant others only if the admissions and program materials have clearly identified that students or supervisees will be expected to reveal such information if admitted to the program. The requirement for advance notification includes programs that explore countertransference reactions during supervisory sessions if questions about such reactions will tap into any of the categories listed above. Clear and advance notification about the types of disclosures that programs require will allow potential students to elect not to apply to a program if they find such a requirement intrusive or otherwise discomforting.

Interference With Academic Performance or Self-Harm or Other Harm

The standard also recognizes that there are times when students' personal problems may interfere with their ability to competently perform professionally related activities or pose a threat of self-harm or harm to others. In such instances, psychologists are permitted to require students or supervisees to disclose the personal information necessary to help evaluate the nature of the problem, to obtain assistance for the student or supervisee, or to protect others' welfare.

✓ A psychologist supervising a third-year clinical student's work at the university counseling center was growing increasingly concerned about the sexual nature of verbal exchanges the student reported having with one of her undergraduate clients. The psychologist also suspected from one of the student's comments that she had been meeting with the client outside of the counseling sessions. Concerned that the student might be in violation of Standards 3.05, Multiple Relationships, or 10.05, Sexual Intimacies With Current Therapy Clients/Patients, the supervisor asked the student whether she had been seeing the client socially. When she responded yes, the psychologist probed further to find out if she was having a romantic relationship with the client.

☒ A student came to see a professor during office hours to discuss his poor grade on the midterm exam in a graduate course on human sexuality. The professor asked the student if he might be doing poorly in the course because of anxieties about his own sexuality.

Need to Know: Supervision of Trainees With Disabilities

The field of rehabilitation psychology is increasing the discipline's familiarity with reasonable accommodations and training requirements for students with disabilities (Americans with Disabilities Act [ADA], 1990; Falender, Collins, & Shafranske, 2009). The nascent status of the field leaves unexplored potentially prejudicial beliefs held by supervisors that may unintentionally lead to inequities and inadequacies in the training experiences of graduate students with disabilities enrolled in psychology practitioner programs. For example, there is no empirical support for the assumption that a trainee with disabilities cannot perform the essential functions of a psychologist or that this individual is at a disadvantage in establishing a therapeutic alliance with clients/patients (Taube & Olkin, 2011).

Supervision competencies in the area of disability require familiarity with the ADA, models of ableness, and influence of multiple minority statuses and group histories of oppression on the perspectives of individuals with disabilities. Supervisors will also need to acquire the skills to neither over- nor underattend to a supervisee's disability, support necessary adaptations to clinical tools, and create a safe environment for supervisees to discuss issues relevant to their disability that may emerge in their clinical or supervisory settings (Cornish & Monson, 2014).

Digital Ethics: Disclosure of Student Personal Information Through Social Media

Teaching psychologists may use Facebook, Twitter, blogs, chat rooms, and other forms of social media to engage students in discussions regarding academic material or university events. However, students may sometimes use these sites to share or link to information about themselves or other students that describes sexual behaviors, family relationships, or other personal information. Faculty access to such information may be inconsistent with the goal of Standard 7.04, which is to protect students from disclosing personal information that may unfairly influence evaluation of their academic performance (Standard 7.06b, Assessing Student and Supervisee Performance). Psychologists who utilize electronic media for instructional purposes should clarify in advance restrictions on the type of information that can be posted on these sites. Instructors should also

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educate students on their responsibilities and strategies to avoid privacy violations that may emerge when academic sites are linked to other sources of personal information. Furthermore, faculty should develop procedures for removing such information if it appears. If a situation arises and faculty are concerned that becoming aware of such information may bias their evaluation of student performance, they should seek consultation while at the same time protecting the student's identity (Standards 4.04b, Minimizing Intrusions on Privacy; 4.06, Consultations).

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

Standard 7.05a addresses the privacy rights of psychology students enrolled in programs that require individual or group psychotherapy. During the commenting period for the revision of the current APA Ethics Code, a number of graduate students raised concerns about revealing personal information (a) in the presence of other students in required group therapy or experiential courses and (b) to therapists in required individual psychotherapy if the therapist was closely affiliated with their graduate program. In response to these concerns, this standard requires programs that have such requirements to allow students to select a therapist unaffiliated with the program.

Standard 7.05a does not prevent programs from instituting a screening and approval process for practitioners outside the program whom students may see for required psychotherapy. It is sound policy for programs to ensure that required individual or group therapy is conducted by a qualified mental health professional. In addition, in some programs, the therapeutic experience may be seen as one facet of training about a particular form of psychotherapy, and the program is entitled to require students to select a private therapist who conducts treatment consistent with the program's training goals.

Need to Know: Ethical Criteria for Mandatory Personal Psychotherapy (MPP)

The training goal of program-mandated personal psychotherapy (MPP) is to maximize therapeutic efficacy through self-awareness that heightens appreciation of the therapeutic relationship and client/patient vulnerability and minimizes

the possibility of harming clients or acting in ways that are not in their best interests (Norcross, 2005). However, due to the diversity of theoretical frameworks for clinical care and the paucity of empirical data to support its efficacy in comparison to other training models, the value of MPP remains contested. One issue is whether imposing psychotherapy on well-functioning trainees who display no pathological behavior and feel no need for treatment is consistent with the ethical practice of psychotherapy, including respect for client/patient autonomy and obligation to terminate treatment when the client/patient does not need health services (Ivey, 2014; Principle E: Respect for People's Rights and Dignity; Standards 3.10, Informed Consent; 10.01, Informed Consent to Therapy; 10.10, Terminating Therapy). Below are useful guidelines for programs requiring MPP (see Ivey, 2014, for an excellent summary):

- The requirement must be justified by the nature and training objectives of the program (Standard 7.01, Design of Education and Training Programs).
- The MPP requirement as well as the risks and benefits and planned safeguards should be clear in application materials (Standard 7.02, Descriptions of Education and Training Programs).
- There should be no multiple relationships between therapists and trainee–clients, and trainees should have some choice in selecting a psychotherapist (Standards 3.05, Multiple Relationships; 7.05, Mandatory Individual or Group Therapy).
- Students should be provided with financially feasible alternatives to ensure affordable treatment without undue hardship (Principle D: Justice).

Postdoctoral Training

This standard does not apply to postdoctoral programs, such as postgraduate psychoanalytic programs, that require a training analysis with a member of the faculty. These advanced programs, unlike graduate programs, are optional for individuals who seek specialized training beyond a doctoral degree in psychology, and a decision not to enroll in such programs because of therapy requirements does not restrict opportunities to pursue a career in professional psychology.

> (b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

This standard is designed to protect the integrity and fairness of evaluations of student academic performance. Whereas Standard 7.05a protects a student's right to keep personal information private from program-affiliated practitioners, Standard 7.05b protects the student from grading or performance evaluation biases that might arise if a faculty member who serves as the student's psychotherapist is also involved in judging his or her academic performance. This standard pertains not only to faculty who might teach a course in which a student who is in therapy

with them might enroll but also to faculty who may be involved in decisions regarding passing or failing of comprehensive exams, advancement from master's-level to doctoral-level status, training supervision, and dissertation committees. As indicated by the cross-reference to Standard 3.05, Multiple Relationships, serving in the dual roles of therapist and academic evaluator can impair the therapist's objectivity when knowledge gained from one role is applied to the other, or it can undermine treatment effectiveness when students are afraid to reveal personal information that might negatively affect their academic evaluations.

☒ A clinical psychology program that required first-year graduate students to receive 1 year of individual psychotherapy had a referral list of 20 "approved" independent practitioners in the area that students could select as their therapist. The program often drew on these same practitioners as adjunct professors to teach required courses when regular faculty were on sabbatical.

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

Psychologists establish academic and supervisory relationships of trust with students and supervisees based on fair processes of evaluation that provide students and supervisees with the opportunity to learn from positive and negative feedback of their work (Principle B: Fidelity and Responsibility). As in other domains of psychological activities, supervisors need to be familiar with the knowledge base for models of enhancing and monitoring the professional functioning of supervisees (APA, 2012f; Standards 2.01, Competence; 2.03, Maintaining Competence). Under Standard 7.06a, psychologists must inform students and supervisees (a) when and how often they will be evaluated, (b) the basis for evaluation (e.g., performance in exams, attendance, implementation of various phases of research, summaries of client/patient sessions, and administration and interpretation of psychological assessments), and (c) the timing and manner in which feedback will be provided.

☒ A psychology professor teaching a graduate course in statistics used a midterm and final exam to evaluate students. The professor delayed returning the midterm, telling the students they should not worry because most of

them would do very well. When she returned the graded midterms during the last week of class, most students were shocked to discover they had received Cs and Ds on the exam. Many felt the delay caused them to miss opportunities to learn what aspects of course material they had misunderstood and to prepare adequately for the final.

Providing specific information about student evaluation at the beginning of the process is especially important for the supervision of clinical work, psychological assessment, or research because these supervisory activities are often less uniformly structured than classroom teaching.

- ☒ A student in a PhD program in school psychology had a second-year externship in a residential school for students with severe emotional disorders. The school psychologist serving as her on-site supervisor relied on "countertransference" techniques to train his externs. Each time the student asked her supervisor for specific information on how her work with student clients would be evaluated, the supervisor would shift the discussion to how the extern's personal reactions to her clients were causing her anxiety about the evaluation of her performance. The extern felt increasingly frustrated and anxious about the lack of specific feedback. At the end of the year, the supervisor gave her a poor evaluation, stating that the student's anxieties had interfered with her ability to take direction.
- ☒ A research psychologist who agreed to mentor a graduate student's doctoral research consistently postponed or missed meetings with the student, resulting in the student missing the departmental deadline for dissertation proposals. The mentor gave the student an incomplete for the semester, and the student had to pay additional tuition to propose the following semester.

Group Supervision

Group supervisees can benefit from the multiple input, support, and shared experiences of their peer colleagues while also learning how to provide effective feedback and gain initial competencies required for their own future skills as supervisors. Psychologists engaged in group supervision must develop competencies in creating a safe environment for group discussion and disagreement and for clarifying the roles of supervisor and supervisees. At the beginning of the supervision, they need to clarify the purpose of group supervision and how responsibilities and supervisee evaluation differ from those under individual supervision. For example, most students will be unfamiliar with the unique learning experiences and responsibilities of group supervisees, which include providing feedback to one another, both formally and informally, at specified periods in a respectful manner; preparing

case presentations and questions on group materials prior to each meeting; refraining from discussing material about an absent supervisee; and maintaining the confidentiality of group discussions, including information pertaining to other group members, their clients, and specific training sites (see Smith, Cornish & Riva, 2014, for additional details).

Military Supervision

Johnson and Kennedy (2010) eloquently described the unique responsibilities of military psychologists supervising trainees in American combat theaters and the need to provide timely and constructive feedback under intense and fast-paced conditions. Military supervisors are often torn between a duty to help trainees meet their active duty responsibilities and concerns that some trainees may not be adequately prepared during the initially agreed-upon time frame. According to the authors, military supervisors need enhanced competencies to address the unique nature of trainee stress produced by almost continuous exposure to life-threatening combat conditions and deceased and severely injured and traumatized service members (Standard 2.01, Boundaries of Competence). They recommended that for each trainee soon to be deployed, supervisors develop "the best mix of training and supervision in psychotherapy, battlefield triage, combat-related psychopathology, treatments for trauma-related disorders, neuropsychology, and ethical decision making" (p. 300) and make sure the trainee is clear about the training components and expectations of the supervised experience, including the physical dangers and stresses of performing their roles in combat situations.

Digital Ethics: Use of Technology for Supervision

Increasingly, state licensure boards are permitting email, teleconferencing, or other forms of online supervision on their own or as adjuncts to face-to-face supervision to satisfy training requirements. As noted by Dombo et al. (2014), whether or not the use of these modalities fulfills obligations to trainees depends upon how accessible the supervisor is to the trainee, the timeliness of the supervision, the supervisor's experience with using these technologies, and the trainee's comfort level. Supervisors should also keep in mind that through their online supervision, they are modeling ethical practice and decision making regarding the use of social media and other technologies (Falender, Shafranske, & Falicov, 2014). Issues to consider include the following:

- Is the supervisor licensed to practice in the state in which the trainee is conducting treatment?
- Does the supervisor have sufficient familiarity with the clients and treatment context in which the trainee is working?
- Does the modality inhibit rapport building, engagement, and sensitivity to verbal or nonverbal cues essential to effective supervisor–trainee communication?

- Has the supervisor considered the appropriate and inappropriate use of the Internet to search for information regarding the trainee's ability to perform professionally related activities?

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

Fairness and justice require that academic and supervisory evaluations should never be based on student personal characteristics that have not been observed to affect their performance or that are outside the established bounds of program requirements.

☒ A psychologist learned from a member of the clinic staff that one of her supervisees had expressed harsh, racially prejudiced attitudes at a staff party. Over the course of the supervisory period, there was no evidence that the supervisee treated clients in a racially biased manner. However, in the final written evaluation, the psychologist reported that the supervisee appeared to have difficulty working with clients from other racial backgrounds.

☒ During a health psychology class discussion, an undergraduate student made disparaging remarks about individuals with mental disorders. Although the student had met all course requirements and his grade point average entitled him to a grade of B, the psychologist gave him a C+ because she felt his class comments indicated he had not really digested the material. However, the course outline did not indicate class participation would be included in the final grade.

Additional discussion regarding psychologists' ethical responsibilities during supervision can be found in the Hot Topic "Ethical Supervision of Trainees" at the end of this chapter.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

Having sexual relationships with students or supervisees is specifically prohibited by Standard 7.07. The student–professor/supervisor role is inherently asymmetrical in terms of power. Teachers and supervisors have the power to affect

student careers through grading, research and professional opportunities, letters of recommendation, scholarships and stipends, and reputation among other faculty or staff. Using this power to coerce or otherwise unduly influence a student to enter a sexual relationship is exploitative (Standard 3.08, Exploitative Relationships). The prohibition against sex with students and supervisees applies not only to those over whom the psychologist has evaluative or direct authority but also to anyone who is a student or supervisee in the psychologist's department, agency, or training center or over whom the psychologist might be likely to have evaluative authority in the program or supervised setting.

Sexual relationships with students and supervisees are a specific example of an unethical multiple relationship (Standard 3.05, Multiple Relationships). When psychologists enter into a sexual relationship with a student or supervisee, their ability to judge the student's/supervisee's academic, professional, or scientific performance objectively is impaired. In addition, when other students learn about such relationships, their knowledge can jeopardize the psychologist's ability to maintain an impression of professional impartiality. Furthermore, the behavior provides students with a model of unethical conduct that jeopardizes the psychologist's effectiveness as a teacher or supervisor. Such relationships also risk compromising psychologists' ability to exert appropriate authority or make objective evaluations regarding the student/supervisee and others with whom they work if the sexual partner can manipulate the psychologist through threats of exposure or complaints of misconduct.

In many psychology programs, graduate students serve as teaching or research assistants charged with evaluating undergraduate or graduate students' academic performance or supervising their research projects. Standard 7.07 applies to sexual relationships between graduate assistants and students when assistants are either student members of the American Psychology Association or their department has adopted the APA Ethics Code in its policies and procedures.

HOT TOPIC

Ethical Supervision of Trainees in Professional Psychology Programs

Supervision is a primary means by which students in professional psychology programs acquire and develop skills needed to provide effective and ethical mental health services (Shallcross, Johnson, & Lincoln, 2010). Competent and ethical supervision provides a foundation for the attitudes, skills, and commitment supervisees will need to know what is right and the motivation for self-evaluation and lifelong learning necessary to do what is right throughout their careers (see Chapter 3). The American Psychological Association (APA, 2011b), the Health Service Psychology Education Collaborative (2013), and proposed Standards for Accreditation for Health Service Providers (APA, 2015e) now include supervision as an essential competency for psychologists at the highest levels of the profession. Thus, psychology graduate students need to have training in supervisory

competencies through classroom lectures and readings as well as learning through modeling the practices of their own supervisors.

Supervisors have a fiduciary obligation to their supervisees, the clients/patients under the supervisees' care, and the public (Principle B: Fidelity and Responsibility). They must (a) nurture the supervisees' professional skills and attitudes, (b) ensure that supervisees' clients/patients are provided appropriate mental health treatment, and (c) serve as gatekeepers who take appropriate actions to prevent supervisees not able to demonstrate the needed professional competence from entering the profession and practicing independently (Principle A: Beneficence and Nonmaleficence; Barnett & Molzon, 2014). Supervision should be marked by mutual respect, with supervisor and supervisee both contributing to the process of establishing goals and role responsibilities (Principle E: Respect for People's Rights and Dignity; Pettifor, McCarron, Schoepp, Stark, & Stewart, 2011). The goal of this Hot Topic is to describe the competencies needed to provide effective and ethical supervision, desired outcomes on which to fairly evaluate supervisee performance, and how trainees can contribute to their supervisory experience.

Competencies for Effective Supervision

Efforts to provide faculty with the skills necessary for competent supervision have not kept pace with psychology's growing commitment to a culture of competence in training and supervision (Standard 2.01, Boundaries of Competence; APA, 2011b). Competencies for effective supervision include professional knowledge and expertise and the interpersonal skills necessary to create a trusting supervisory alliance (Falender et al., 2004). A competence-based approach to supervision also requires techniques for successfully monitoring, assessing, and providing feedback to trainees and an emphasis on self-reflection and self-assessment on the part of supervisor and trainee (Kaslow, Falender, & Grus, 2012).

Professional Knowledge and Expertise

Supervisors must have the necessary clinical knowledge and expertise to identify client mental health needs within a diversity-sensitive context, guide supervisees in client-appropriate treatment techniques, and recognize when clients are not responding to supervisee interventions (Accurso, Taylor, & Garland, 2011). They must also be familiar with academic credit or credentialing supervision requirements, on-site institutional policies, and relevant laws as well as appropriate risk management strategies. Adequate preparation includes the following (see Baird, 2014; Barnett & Molzon, 2014; Moffett, Becker & Patton, 2014; Wise & Cellucci, 2014):

- Helping supervisees understand their obligations under HIPAA or FERPA policies and obtain the skills necessary to protect client/patient confidentiality when using different treatment modalities (e.g., group therapy, telehealth) and within interprofessional settings (Standards 3.09, Cooperation With Other Professionals; 6.01, Maintenance, Dissemination, and Dissemination of Confidential Records of Professional and Scientific Work; and 6.02, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work).
- Discussing supervisees' legal and ethical obligations to determine whether disclosure of confidential information is necessary to protect clients/patients or third parties from harm and the importance of documenting the rationale and steps taken in deciding whether or not disclosure was required (Standards 4.01, Maintaining Confidentiality; 4.02, Discussing the Limits of Confidentiality).

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- Being alert to potential boundary violations that may arise between supervisees and their clients/patients as well as within the supervisory relationship itself and the steps necessary to avoid exploitation, harm, and diminished objectivity (Standard 3.05, Multiple Relationships).
- Becoming aware of supervisees' personal problems or biases that may interfere with their ability to provide effective treatment and establishing a trusting relationship in which these problems or biases can be adequately addressed (Standard 2.06, Personal Problems and Conflicts).
- Preparing students for orderly and appropriate resolution of client responsibility when the training rotation ends (Standards 10.09, Interruption of Therapy; 10.10, Terminating Therapy).

Interpersonal Competencies

The supervisory context should encourage open discussion of treatment challenges and attempt to try new strategies by providing constructive feedback in a manner that minimizes trainee anxiety and decreased feelings of self-efficacy (Barnett et al., 2007; Daniels & Larson, 2001). At the same time, supervisors cannot shy away from providing negative feedback when it is necessary to ensure that clients are receiving adequate care; supervisors' evaluations of supervisee clinical acumen must be objective and in accord with the standards of the profession.

Diversity Competencies

There is increasing recognition that competent supervision requires sensitivity to the attitudes, values, and sociopolitical experiences of supervisees from diverse racial/ethnic, cultural, sexual minority, disability, social class, immigrant, and other groups, including when multiple identities intersect (Falender, Shafranske, & Falicov, 2014). The dynamic and continuously evolving nature of group identity and experiences requires supervisors to acquire the skills to engage in a collaborative process in which the effect of differing supervisor–supervisee worldviews is respectfully discussed (including targeted self-disclosure when appropriate), and the important role of diversity factors should be clearly introduced and reinforced throughout the supervision (Pettifor, Sinclair, & Falender, 2014). Competent diversity supervision also includes (a) recognizing factors of power, privilege, and personal bias that may be barriers to a trainee's full participation in the supervisory relationship; (b) being alert to the fact that trainees may be wary of honest engagement in the supervisory process based on previous training experiences that were diversity insensitive; (c) acquiring the skills to help trainees overcome past dignitary harms as well as the consequences of the supervisor's own actions that may result from diversity misunderstandings; (d) being mindful that through their supervision, they are modeling the ethical practice of diversity sensitivity for supervisees to apply to clinical work and future positions as supervisors (Falender et al., 2014; Fouad & Chavez-Korell, 2014).

Structuring the Supervisory Process

Structuring the supervisory process requires the ability to tailor training to the supervisee's level of competence, identify appropriate outcome measures for evaluation, and present clear standards for assessment. Both supervisors and supervisees need to be familiar with the APA core benchmark

components (APA, 2011b) that their program has designated as appropriate for its training goals (see discussion under Standard 7.01, Design of Education and Training Programs).

Identifying Supervisee's Competencies

The goals and desired outcomes of a training experience need to be tailored to the supervisee's current competencies in relation to client needs and institutional requirements. To meet obligations to trainees and the trainees' clients, supervisors need to evaluate each supervisee's developing competence and the clinical responsibilities with which he or she can be entrusted (Falender & Shafranske, 2007; Standard 2.05, Delegation of Work to Others).

Identifying Appropriate Training Outcomes

Evaluations must be based on the supervisee's actual performance on relevant and established requirements (Standard 7.06, Assessing Student and Supervisee Performance). Falender and Shafranske (2007) identified the following general abilities by which the trainee's professional growth can be evaluated:

- Apply clinical knowledge and skills in a consistent fashion and incorporate new knowledge into existing competencies.
- Deal with increased confusions and varied situational aspects that shape clinical work.
- Respond to constructive feedback.
- Carry out recommendations to ensure adequate client care.
- Use problem-solving and clinical reasoning skills appropriate to specific clinical tasks and ethical challenges.
- Master technical and facilitative variables appropriate to the student's stage of training.

The APA also provides a "Competency Remediation Plan" template to assist supervisors and supervisees in planning and evaluating progress (http://www.apa.org/ed/graduate/competency.aspx). The plan begins with an identification of competency weaknesses, when the problem(s) was brought to the trainee's attention, steps already taken by the supervisor to address the problem(s), and steps already taken by the trainee to rectify the problem(s). This is followed by a written plan identifying the essential competency domain and problem behaviors, expectations for acceptable performance, trainee's and supervisee's responsibilities, a time frame for acceptable performance, assessment methods, and consequences for unsuccessful remediation.

Feedback and Evaluation

Standard 7.06 also requires that supervisors establish a timely and specific process for providing feedback to supervisees and explain the process to trainees at the beginning of supervision. This includes delineating setting-specific competencies the supervisee must attain for successful completion of the supervised interval (Falender & Shafranske, 2007).

Meaningful evaluations, scheduled at predetermined intervals, provide trainees with adequate time to improve their skills and the supervisor with opportunity to evaluate the trainee's responsiveness to

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constructive feedback. When supervisees are unresponsive, fail to demonstrate needed competence, or exhibit impaired professional competence as a result of personal problems, these issues should be addressed in supervision, and the trainee should be provided reasonable opportunities for remediation or intervention. When necessary, the supervisor must act to prevent inappropriate actions resulting in poor-quality client care, violation of ethical standards, or harm to the institution through the supervisee's violation of policy or law. When appropriate, supervisors should inform their institution or the students' academic program and provide a written report documenting the reasons for their concerns (see Gizara & Forest, 2004).

Off-Site Supervision

Externships and internships in professional psychology programs are often off-site and supervised by nonfaculty members. Supervisors at practicum, externship, and internship sites need to provide supervisees with copies of the relevant institutional and agency policies and procedural manuals, including mandatory and discretionary reporting policies and steps to be taken in case of an emergency.

When applying for training at these sites, students should obtain the following information:

- Has the graduate program and externship training site entered into a formal relationship that includes articulation of specific training goals and standards, open communication between program faculty and on-site supervisors, and a system of formalized feedback from students regarding the quality of the training experience?
- Whom in their graduate program or externship or internship site can students go to if they have a problem with an off-site supervisor? Is there a formal complaint process?
- If a supervisor is providing inadequate training, will the department or training site assist the student in obtaining the necessary clinical experience and supervision?

Responsibilities of Supervisees

Self-reflection, ethical commitment, and the motivation to improve one's clinical knowledge and skills are fundamental to having a successful supervisory relationship. To help supervisors establish appropriate training experiences and evaluation criteria, supervisees should do the following:

- Be honest and open when asked to discuss their current level of clinical competence and training goals.
- Ask questions at the beginning of supervision to ensure that they clearly understand the goals of and evaluation process for the supervision and the criteria on which they will be assessed.
- Ask for all relevant information describing practicum, externship, or internship site institutional policies and legal responsibilities (e.g., HIPAA, FERPA, or ACA requirements; child abuse–reporting duties; policies regarding record creation, storage, and sharing of information with other professionals at the site).
- Come prepared with case material, questions, and other relevant materials for supervisory feedback and discussion.
- Be open to constructive feedback and integrate such feedback into subsequent clinical encounters.

- Be frank about and ask for guidance in addressing concerns regarding professional anxieties, personal biases, or lack of diversity training that may be a barrier to providing effective clinical services.
- Ask for guidance in cultivating patterns of self-care into their professional growth and development.
- Let their graduate program supervisor know if they are having difficulties in obtaining sufficient client/patient assignments or adequate on-site supervision at their practicum or externship site.
- Continue throughout the training experience to ask for additional or more focused training in a specific area of clinical or ethical concern, including asking the supervisor about APA Ethics Code requirements and how they relate to current treatment issues.

Chapter Cases and Ethics Discussion Questions

Dr. Kekoa is mentoring the dissertation of a psychology student who emails him that she has collected half of her dissertation data. She comes to his office to report that the preliminary analyses support her research hypotheses. He reviews the data and realizes that, in fact, the results are in the opposite direction of her hypotheses. He corrects her confusion about the type of statistical results that would support her thesis. Two months later, the student returns with her completed data collection, and this time the analysis indicates that all the data collected since their last conversation support the hypotheses. Dr. Kekoa is concerned that the student may be fabricating or biasing the data. Drawing on the ethical decision model in Chapter 3, how might Dr. Kekoa best approach this dilemma?

Dr. Braithwaite, a psychologist at a popular externship site, is conducting clinical supervision with Derek, a clinical graduate student with legal blindness. This is the first time Dr. Braithwaite has supervised a student with an apparent disability. She wants to ensure that Derek's clinical externship is a positive experience for him and his potential clients. She is unsure whether she should disclose Derek's disability to his potential clients before their first session so that clients who would be uncomfortable have the opportunity to request another therapist. Drawing on the Ethics Code Principles and relevant standards (i.e., Standards 2.01, Boundaries of Competence; 3.01, Unfair Discrimination; 3.04, Avoiding Harm; 7.06 Assessing Student and Supervisee Performance), discuss whether client preferences for practitioner attributes in general (e.g., race/ethnicity, gender, age, religion) and disability specifically should be considered in assigning trainees to clients (see also Taube & Olkin, 2011).

Dr. Yazzie conducts group supervision of graduate students who have placements in the counseling centers of a large multisite university. Students are required to make individual presentations and provide feedback on the presentations of other students on an online blog set up specifically for the purposes of the group supervision with the appropriate firewalls and other privacy protections. Supervisees often insert links to relevant materials in their shared reports and feedback. Dr. Yazzie notices that one of his supervisees, Jasmine, appears uncomfortable in group when other students discuss clinical issues involving client victims of abuse and often excuses herself to use the restroom. He reviews her online submissions and notices that they often emphasize the inadequacy of services for victims of abuse rather than specific clinical approaches and include a link to her personal blog @RecoveryTogether. Dr. Yazzie does not know whether he should read the blog links that Jasmine has provided to get a better sense of the student's professional development and personal reaction to abuse-related clinical issues. Discuss the best approach to this ethical dilemma drawing on Standards 7.04, Student Disclosure of Personal Information; 7.06, Assessing Student and Supervisee Performance, the sections on "Digital Ethics"; and the Hot Topic on supervision in this chapter.

CHAPTER 11

Standards on Research and Publication

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

The Nuremberg Code (1949), the first international document establishing participant rights in research, was created in response to the notorious involvement of German Nazi doctors in medical research on concentration camp prisoners without the prisoners' consent. In the United States, however, regulations protecting the rights of human research participants did not emerge until the late 1970s, following the 1972 public disclosure of the government-sponsored Tuskegee Syphilis Study. In this 30-year study, 399 African American rural men were left untreated for diagnosed syphilis even after effective antibiotics became available (Jones, 1993). Over time, the US Code of Federal Regulations Title 45, Part 46, Protection of Human Subjects (DHHS, 2009) has undergone a number of additions and now includes a general section on research protections (Subpart A, known as the Common Rule) and subsections specifically detailing special protections for pregnant women, fetuses, and neonates (Subpart B), prisoners (Subpart C), and children (Subpart D).

Under these regulations, IRBs are charged with ensuring that investigators protect the rights and welfare of research participants. Specific IRB requirements reflect three general moral principles proposed in the landmark Belmont Report written by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (NIH, 1979): beneficence, justice, and respect.