### Suggested Readings

Kielbasa, A. M., Pomerantz, A. M., Krohn, E. J., & Sullivan, B. F. (2004). How does clients' method of payment influence psychologists' diagnostic decisions. *Ethics & Behavior, 14,* 187–195.

Shapiro, E. L., & Ginzberg, R. (2003). To accept or not to accept: Referrals and the maintenance of boundaries. *Professional Psychology: Research & Practice, 34,* 258–263.

Wilcoxon, S., Magnuson, S., & Norem, K. (2008). Institutional values of managed mental health care: Efficiency or oppression? *Journal of Multicultural Counseling and Development, 36,* 143–154.

Woody, R. H. (2011). The financial conundrum for mental health practitioners. *American Journal of Family Therapy, 39,* 1–10.

## Case 7. Handling Disparate Information for Evaluating Trainees

Rashid Vaji, PhD, a member of the school psychology faculty at a midsize university, serves as a faculty supervisor for students assigned to externships in schools. The department has formalized a supervision and evaluation system for the extern program. Students have weekly individual meetings with the faculty supervisor and biweekly meetings with the on-site supervisor. The on-site supervisor writes a midyear (December) and end of academic year (May) evaluation of each student. The site evaluations are sent to Dr. Vaji, and he provides feedback based on the site and his own supervisory evaluation to each student. The final grade (fail, low pass, pass, high pass) is the responsibility of Dr. Vaji.

Dr. Vaji also teaches the spring semester graduate class Health Disparities in Mental Health. One of the course requirements is for students to write weekly thought papers, in which they take the perspective of therapy clients from different ethnic groups in reaction to specific session topics. Leo Watson, a second-year graduate student, is one of Dr. Vaji's externship supervisees. He is also enrolled in the Health Disparities course. Leo's thought papers often present ethnic-minority adolescents as prone to violence and unable to grasp the insights offered by school psychologists. In a classroom role-playing exercise, Leo plays an ethnic-minority student client as slumping in his chair, not understanding the psychologist, and giving angry retorts. In written comments on these thought papers and class feedback, Dr. Vaji encourages Leo to incorporate more of the readings on racial/ethnic discrimination and multicultural competence into his papers and to provide more complex perspectives on clients.

One day during his office hours, three students from the class come to Dr. Vaji's office to complain about Leo's behavior outside the classroom. They describe incidents in which Leo uses derogatory ethnic labels to describe his externship clients and brags about "putting one over" on his site supervisors by describing these clients in "glowing" terms just to satisfy his supervisors' "stupid do-good" attitudes. They also report an incident at a local bar at which Leo was seen harassing an African American waitress, including by using racial slurs.

After the students have left his office, Dr. Vaji reviews his midyear evaluation and supervision notes on Leo and the midyear on-site supervisor's report. In his own evaluation report, Dr. Vaji had written, "Leo often articulates a strong sense of duty to help his ethnic minority students overcome past discrimination but needs additional growth and supervision in applying a multicultural perspective to his clinical work." The on-site supervisor's evaluation states that

> Leo has a wonderful attitude toward his student clients. . . . Unfortunately, evaluation of his multicultural treatment skills is limited because Leo has had fewer cases to discuss than some of his peers, since a larger than usual number of ethnic minority clients have stopped coming to their sessions with him.

It is the middle of the spring semester, and Dr. Vaji still has approximately 6 weeks of supervision left with Leo. The students' complaints about Leo are consistent with what Dr. Vaji has observed in Leo's class papers and role-playing exercises. However, these complaints are very different from Leo's presentation during on-site supervision. If Leo has been intentionally deceiving both supervisors, then he may be more ineffective or harmful as a therapist to his current clients than either supervisor has realized. In addition, purposeful attempts to deceive the supervisors might indicate a personality disorder or lack of integrity that, if left unaddressed, might be harmful to adolescent clients in the future.

## Ethical Dilemma

Dr. Vaji would like to meet with Leo to discuss, at a minimum, ways to retain adolescent clients and to improve his multicultural treatment skills. He does not know to what extent his conversation with Leo and final supervisory report should be influenced by the information provided by the other graduate students.

## Discussion Questions

1. Why is this an ethical dilemma? Which APA Ethical Principles help frame the nature of the dilemma?
2. Who are the stakeholders, and how will they be affected by how Dr. Vaji resolves this dilemma?
3. What additional information might Dr. Vaji collect to get a more accurate picture of Leo's multicultural attitudes and professional skills? What are reasons for and against contacting Leo's site supervisor for more information? Should he request that Leo's sessions with clients be electronically taped or observed?
4. Is Dr. Vaji in a potentially unethical multiple relationship as both Leo's externship supervisor and his teacher in the Health Disparities class. Why or why not?

5. To what extent, if any, should Dr. Vaji consider Leo's own ethnicity in his deliberations? Should he address the dilemma differently if Leo self-identifies as non-Hispanic White than as Hispanic or non-Hispanic Black?
6. Once the dilemma is resolved, should Dr. Vaji have a follow-up meeting with the students who complained?
7. How are APA Ethical Standards 1.08, 3.04, 3.05, 3.09, 7.04, 7.05, and 7.06 and the Hot Topics "Ethical Supervision of Trainees in Professional Psychology Programs" (Chapter 10) and "Multicultural Ethical Competence" (Chapter 5) relevant to this case? Which other standards might apply?
8. What are Dr. Vaji's ethical alternatives for resolving this dilemma? Which alternative best reflects the Ethics Code aspirational principles and enforceable standards, legal standards, and obligations to stakeholders? Can you identify the ethical theory (discussed in Chapter 3) guiding your decision?
9. What steps should Dr. Vaji take to implement his decision and monitor its effect?

### Suggested Readings

Allen, J. (2007). A multicultural assessment supervision model to guide research and practice. *Professional Psychology: Research and Practice, 38,* 248–258.

Barnett, J. E., & Molzon, C. H. (2014). Clinical supervision of psychotherapy: Essential ethics issues for supervisors and supervisees. *Journal of Clinical Psychology: In Session, 70*(11), 1051–1061. doi:10.1002/jclp.22126

Boysen, G. A., & Vogel, D. L. (2008). The relationship between level of training, implicit bias, and multicultural competency among counselor trainees. *Training and Education in Professional Psychology, 2,* 103–110.

Dailor, A. N. (2011). Ethically challenging situations reported by school psychologists: Implications for training. *Psychology in the Schools, 48,* 619–631.

Gilfoyle, N. (2008). The legal exosystem: Risk management in addressing student competence problems in professional psychology training. *Training and Education in Professional Psychology, 2,* 202–209.

## Case 8. Using Deception to Study College Students' Willingness to Report Threats of Violence Against Female Students

College drinking has become a serious public health issue that has been associated with violence against women on college campuses. Although some programs to prevent violence against women appear promising when empirically tested, most have small effect sizes and have not been replicated on other campuses. Rachel Cohen, a first-year faculty member in an applied developmental psychology program at a large research institution, was asked to join a group of other scientists in

an application to the National Institute for Alcohol Abuse and Alcoholism to conduct a two-phase multisite study. The senior investigator is well-known, and Dr. Cohen was flattered that she had been invited to join the project. The long-term goal of the study is to develop a peer-oriented prevention program that encourages freshmen living in campus housing to contact their resident director (RD) if an inebriated student is making comments suggesting an intent to commit violence against female dorm residents. To help inform the final design of the prevention program, the first phase of the study will experimentally test conditions under which students are more or less likely to report a threatening incident.

For this first phase, the lead investigator on the project suggests a design that uses deception to control conditions under which reporting of an incident may or may not occur. The design would test the following hypotheses: (a) Freshmen are more likely to call an RD if an inebriated student mentions a potential victim by name, and (b) students are more likely to contact an RD if another student suggests doing so. To test these hypotheses across different dorms and campuses, the study would use research confederates acting as students.

A 10:00 p.m. Pizza Study Break would be advertized through posters and held in a small meeting room in the freshman dorm. One confederate would walk into the room at the start of the break, pretending she was there for the pizza. Once there were at least 10 students in the room, the confederate acting as the inebriated student would enter the room, and both confederates would act out one of the following four conditions:

*Condition A1B1:* The "inebriated" student actor speaks threateningly about an *unnamed* female student; the second student actor *does not* encourage anyone to call.

*Condition A2B1:* The "inebriated" student actor speaks threateningly about and *names* a (fictitious) female student; the second student actor *does not* encourage anyone to call.

*Condition A1B2:* The "inebriated" student actor speaks threateningly about an *unnamed* female student; the second student actor says, "*Shouldn't someone call the RD?*"

*Condition A2B2:* The "inebriated" student actor speaks threateningly about and *names* a (fictitious) female student; the second student actor says, "*Shouldn't someone call the RD?*"

The RDs in each dorm would be informed of the study and participate by coming to remove the "inebriated" confederate from the premises if called by students. If after a given period of time RDs were not contacted, they would tell the students they had heard loud noises and take the confederate to their office.

## Ethical Dilemma

Dr. Cohen believes that violence against women on college campuses is an important issue to address and that to do so requires understanding the conditions

that increase students' willingness to report other students who threaten to harm females on campus. She also believes the deceptive research design adequately tests important hypotheses that may lead to the design of effective peer intervention studies. However, she is uncomfortable with the idea of deceiving the students and worries that the deception might harm them in some way. She does not know how to respond to the invitation to participate in the multisite research.

## Discussion Questions

1. Why is this an ethical dilemma? Which APA Ethical Principles help frame the nature of the dilemma?
2. Who are the stakeholders, and how will they be affected by how Dr. Cohen resolves this dilemma?
3. Could exposure to the experimental conditions cause serious emotional harm to students unknowingly exposed to the different conditions?
4. Could these hypotheses be adequately and realistically tested without using deception?
5. Should informed consent be required for this study if the researchers do not record the names or other identifying information about the students who are exposed to each condition? Why or why not?
6. If the study were conducted, what ethical issues would be involved in deciding whether and how to explain the deception to students when the study was over (debriefing/dehoaxing)?
7. How are APA Ethical Standards 1.04, 3.04, 3.06, 8.05, 8.07, and 8.08 relevant to this case? Which other standards might apply?
8. Are there equally valid but nondeceptive research methods that Dr. Cohen could suggest to test the hypotheses? If not, could modifications to the deception method minimize participant harms and maximize research benefits?
9. What are the ethical alternatives for Dr. Cohen's participation in the study, and which best reflects the Ethics Code aspirational principles and enforceable standards, legal standards, and obligations to stakeholders? Can you identify the ethical theory (discussed in Chapter 3) guiding your decision?
10. What steps should Dr. Cohen take to implement her decision and monitor its effect?

## Suggested Readings

Benjamin, L. T., & Simpson, J. A. (2009). The power of the situation: The impact of Milgram's obedience studies on personality and social psychology. *American Psychologist, 64,* 12–19.