

termination of his treatment with her, and Mary's current mental health and treatment status influence how this dilemma might be resolved?

4. What ethically relevant issues are raised by Allison's relationship with Mary, her breast cancer, her concern about a therapist sensitive to lesbian issues, and the small-town setting?
5. How are APA Ethical Standards 2.01a, b, and d; 3.05a; 3.09; 6.04; and 10.04 relevant to this case? Which other standards might apply?
6. What are Dr. Lightfoot'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 (presented in Chapter 3) guiding your decision?
7. What steps should Dr. Lightfoot take to implement his ethical decision and monitor its effect?

### Suggested Readings

- American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay and bisexual clients. *American Psychologist*, 67, 10–42.
- Barnett, J. E., Lazarus, A. A., Vasquez, M. J. T., Moorehead-Slaughter, O., & Johnson, W. B. (2007). Boundary issues and multiple relationships: Fantasy and reality. *Professional Psychology: Research and Practice*, 38, 401–410.
- Green, R. J., & Mitchell, V. (2002). Gay and lesbian couples in therapy: Homophobia, relational ambiguity, and social support. In A. S. Gurman & N. S. Jacobson (Eds.), *Clinical handbook of couple therapy* (pp. 536–568). New York, NY: Guilford Press.
- 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.
- Younggren, J. N., & Gottlieb, D. (2004). Managing risk when contemplating multiple relationships. *Professional Psychology: Research and Practice*, 35, 255–260.

## Case 4. Research on Intimate Partner Violence and the Duty to Protect

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Dr. Daniela Yeung, a health psychologist, has been conducting a federally funded ethnographic study of couples in which the male partner has been paroled following conviction and imprisonment for intimate partner violence (IPV). Over the course of a year, she has had individual monthly interviews with 25 couples while one partner was in jail and following their release. Aiden is a 35-year-old male parolee convicted of seriously injuring his wife. He and his wife, Maya, have been interviewed by Dr. Yeung on eight occasions. The interviews have covered a range of personal topics including Aiden's problem drinking, which is marked by blackouts and threatening phone calls made to his wife when he becomes drunk, usually in the evening. To her knowledge, Aiden has never followed

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through on these threats. Dr. Yeung has the impression both Aiden and Maya feel a sense of social support when discussing their life with Dr. Yeung. One evening Dr. Yeung checks her answering machine and finds a message from Aiden. His words are slurred and angry: “Now that you know the truth about what I am you know that there is nothing you can do to help the evil inside me. The bottle is my savior and I will end this with them tonight.” She calls both Aiden’s and Maya’s cell phone numbers, but no one answers.

### Ethical Dilemma

Dr. Yeung has Aiden’s address, and after 2 hours, she is considering whether or not to contact emergency services to suggest that law enforcement officers go to Aiden’s home or to the homes of his parents and girlfriend.

### 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. Yeung resolves this dilemma?
3. Does this situation meet the standards set by the *Tarasoff* decision’s “duty to protect” statute (see Chapter 7)? How might whether or not Dr. Yeung’s state includes researchers under such a statute influence Dr. Yeung’s ethical decision making? How might the fact that Dr. Yeung is a research psychologist without training or licensure in clinical practice influence the ethical decision?
4. In addressing this dilemma, should Dr. Yeung consider how her decision may affect the completion of her research (e.g., the confidentiality concerns of other participants)?
5. How are APA Ethical Standards 2.01f, 3.04, 3.06, 4.01, 4.02, 4.05, and 8.01 relevant to this case? Which other standards might apply?
6. What are Dr. Yeung’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?
7. What steps should Dr. Yeung take to implement her decision and monitor its effect?

### Suggested Readings

- Appelbaum, P., & Rosenbaum, A. (1989). *Tarasoff* and the researcher: Does the duty to protect apply in the research setting? *American Psychologist*, 44(6), 885–894.
- Fisher, C. B. (2011). Addiction research ethics and the Belmont principles: Do drug users have a different moral voice? *Substance Use & Misuse*, 46(6), 728–741.

- Gable, L. (2009). Legal challenges raised by non-intervention research conducted under high-risk circumstances. In D. Buchanan, C. B. Fisher, & L. Gable (Eds.). *Research with high-risk populations: Balancing science, ethics, and law* (pp. 47–74). Washington, DC: American Psychological Association.
- Paavilainen, E., Lepisto, S., & Flinck, A. (2014). Ethical issues in family violence research in healthcare settings. *Nursing Ethics, 21*, 43–52.

## Case 5. Web-Based Advertising for a Community Program Development and Evaluation Consulting Service

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Dr. Martin Lux, an applied developmental psychologist, has created his own community consultation and program evaluation business. He specializes in helping communities and service organizations set up day care programs for children aged 1 to 3 years. He wants to advertise his services on the Internet and is beginning to develop the following plan:

- a. To gain maximum exposure on search engines like Google, he will name the website “SuccessfulDayCarePrograms.org.”
- b. As a service to potential community clients, he will put links on his website to other online information about infant mental health and social and legal services available in different communities where he might find clients.
- c. He is currently under contract with a city agency. He helped the agency design a day care program for children of employees and is now in the process of evaluating its first year of implementation. He would like to ask a few parents whose children go to the day care program to endorse his new consultation service. He would use a picture of the parent and place the endorsement in quotes under the picture.
- d. The website will include a question-and-answer blog. Individuals can post questions to the blog about their preschool child’s development (e.g., toilet training, language development, social development, “terrible twos,” etc.), and he will post answers.

### Ethical Dilemma

Dr. Lux is aware that he will have to ensure his website and blog have appropriate firewalls and other privacy and security safeguards. Beyond the technical aspects of implementation, however, he is unsure whether his plan requires additional ethical considerations.

### Discussion Questions

1. Identify an ethical challenge for each element (a–d) of Dr. Lux’s advertising plan. Which APA Ethical Principles best help understand why these elements may create ethical problems?

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2. Who are the stakeholders in the advertising plan, and how will they be affected by how Dr. Lux handles each of the advertising elements?
3. Is the name of Dr. Lux's website potentially misleading? What ethical responsibilities does he have when he creates the website and sets up links to other service websites?
4. Will the parents of children in the city day care center feel free to refuse Dr. Lux's invitation to provide a testimonial? What professional risks and ethical problems might Dr. Lux have when answering parents' questions on his blog?
5. How are APA Ethical Standards 2.01b, 2.04, 3.05a, 3.06, 3.08, 5.01, 5.04, and 5.05 relevant to this case?
6. For each aspect of the plan (a–d), generate ethical alternatives for creating an effective website to advertise Dr. Lux's new community consultation service. 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?
7. What steps should Dr. Lux take to ethically implement his advertising plan and monitor its effect?

### Suggested Readings

- Heinlen, K., Welfel, T., Reynolds, E., Richmond, E., & O'Donnell, M. S. (2003). The nature, scope, and ethics of psychologists' e-therapy Web sites: What consumers find when surfing the Web. *Psychotherapy: Theory, Research, Practice, Training, 40*, 112–124.
- McGarrah, N. A., Baker, A., Martinem, J. N., & Haldeman, D. C. (2009). In the public eye: The ethical practice of media psychology. *Professional Psychology: Research and Practice, 40*, 172–180.
- Schenker, Y., Arnold, R. M., & London, A. J. (2014). The ethics of advertising for health care services. *American Journal of Bioethics, 14*, 34–43.
- Shaw, H. E., & Shaw, S. H. (2006). Critical ethical issues in online counseling: Assessing current practices with an ethical intent checklist. *Journal of Counseling & Development, 84*, 41–53.

## Case 6. Fees and Financial Arrangements: Referring Clients/Patients to Members Within a Group Practice

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Dr. Naila Ambrose, a clinical psychologist, is a partner in a group practice that has a waiting room and suite of offices in a building in a small suburb. For the past 3 months, Dr. Ambrose has been providing therapy to Kenneth Nishakawa, a patient with diagnosed bipolar disorder. She works collaboratively with Dr. Pill, one of her partners in the group. Dr. Pill, a psychiatrist, is responsible for prescribing and monitoring the physical effects of Kenneth's use of the medication lithium. The group practice has a capitation contract with Ken's health insurer. Given the severity

of his disorder, the actual cost of his treatment is greater than the fixed (capitated) amount of dollars the group is allocated for each patient.

Over several sessions, Kenneth has told Dr. Ambrose about the difficulties his family is having with his illness and that he is particularly worried about how it is affecting his daughter's schoolwork. He asks Dr. Ambrose if she would see his wife and daughter for a few family sessions. Dr. Ambrose is worried that holding these family sessions would increase the negative monetary effect of Kenneth's treatment on the group practice. Jim Taylor, a licensed clinical social worker, is also a member of the practice group. Jim Taylor's session rates are lower than Dr. Ambrose's. If she refers the family therapy component to Jim, the practice group may be able to make up for the overcost of Kenneth's individual treatment.

## **Ethical Dilemma**

Dr. Ambrose does not know whether it is ethical to refer Kenneth, his wife, and daughter to her social work partner for the family sessions.

## **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. Ambrose resolves this dilemma?
3. Which aspects of Kenneth's individual treatment and family treatment needs are important for Dr. Ambrose to consider? To what extent should the issue of group finances play a role in Dr. Ambrose's decision?
4. To what extent, if any, should Dr. Ambrose consider Jim Taylor's status as a clinical social worker?
5. What role should Kenneth's preferences for who conducts the family treatment play in the decision?
6. How are APA Ethical Standards 2.01a, 3.04, 3.05a, 3.06, 3.08, 6.04b, 6.07, 10.02 a and b, and the Hot Topic in Chapter 9, "Managing the Ethics of Managed Care," relevant to this case? Which other standards might apply?
7. What are Dr. Ambrose'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?
8. What steps should Dr. Ambrose take to implement her decision and monitor its effect?

## 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

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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 mid-year (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?

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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

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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

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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.

- Fisher, C. B., & Fyrberg, D. (1994). Participant partners: College students weigh the costs and benefits of deceptive research. *American Psychologist, 49*, 417–427.
- Kimmel, A. J. (2012). Deception in research. In M. Gottlieb, M. Handelsman, L. VandeCreek, & S. Knapp (Eds.), *APA handbook of ethics in psychology: Vol. 2. Practice, teaching, and research* (pp. 401–421). Washington, DC: American Psychological Association.
- Oczak, M., & Niedzwienska, A. (2007). Debriefing in deceptive research: A proposed new procedure. *Journal of Empirical Research on Research Ethics, 2*, 49–59.
- Pascual-Leone, A., Singh, T., & Scoboria, A. (2010). Using deception ethically: Practical research guidelines for researchers and reviewers. *Canadian Psychology, 51*, 241–248.

## Case 9. Competence Assessment for an Assisted Suicide Request

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Santosh Patel is a neuropsychologist affiliated with a hospital located in a state with a voter-approved Death With Dignity Act. Under this law, the hospital may approve a dying patient's wish to receive a lethal prescription if a physician corroborates a 6-month terminal diagnosis. If the physician believes competence to be an issue, a psychologist or psychiatrist evaluates the patient to determine competence to make the decision to end life.

A physician requests a psychological evaluation for a 62-year-old Jewish woman with 6-month terminal cancer who has requested the lethal prescription. The physician questions the patient's competence because it appears that her decision to end her life now is motivated by the fact that her health care benefits have run out and her adult children have been complaining about the financial burden of providing the potent pain medications and hospice care she needs.

Dr. Patel administers standard tests for mental health disorders (the Minnesota Multiphasic Personality Inventory) and cognitive functioning (the Wechsler Adult Intelligence Scale). The patient's scores do not meet clinical cutoffs for any mental disorder, and her cognitive scores are in the normal range. During the clinical interview, the patient states that her primary reason for seeking the lethal prescription is to ease the financial burden and conflict among her children. Her reasoning process flows logically, and she understands and appreciates the personal implications of the procedure and her own medical condition. She has spoken to her rabbi and believes God will forgive her for this decision. Although the standardized assessment does not provide evidence of mental impairment, the psychologist believes that while the patient's decision may be rational, it is not truly voluntary but a result of pressure from the patient's children. The psychologist knows that in general, this type of end-of-life decision-making process is emotionally taxing for the patient, the patient's family members, and the health care team. He also realizes that whatever his assessment, it may be challenged in court by the patient's or family's legal representative.

### Ethical Dilemma

Dr. Patel does not know whether or not he should place a constraint on the patient's decision by recommending a waiting period for psychotherapeutic

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intervention in the hope that treatment may shift the patient's concerns from her children's welfare to her own.

### 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. Patel resolves this dilemma?
3. To what extent, if any, should Dr. Patel's personal moral attitudes toward assisted suicide play a role in his decision? To what extent is it professionally responsible to draw conclusions beyond the cognitive capacities measured by the assessment instruments?
4. Is it "irrational" for terminally ill patients to be concerned about the financial burden of their care on family members? Can Dr. Patel obtain a valid assessment of whether family members' financial concerns are or are not "coercive"?
5. What role should the patient's age, gender, and religious beliefs play in Dr. Patel's selection of tests and interpretation of the patient's responses?
6. How are APA Ethical Standards 2.01b, 2.01f, 2.04, 3.01, 3.04, 9.01a, 9.01b, 9.02b, 9.06, and 9.10 related to this case? Which other standards might apply?
7. What are Dr. Patel'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?
8. What steps should Dr. Patel take to implement his decision and monitor its effect?

### Suggested Readings

- American Psychological Association. (2009). *APA resolution on assisted suicide*. Retrieved from <http://www.apa.org/about/policy/assisted-suicide.aspx>
- Baeke, G., Wils, J., & Broeckaert, B. (2011). "We are (not) the master of our body": Elderly Jewish women's attitudes towards euthanasia and assisted suicide. *Ethnicity & Health, 16*, 259–278.
- King, D. A., Kim, S. Y. H., & Conwell, Y. (2000). Family matters: A social systems perspective on physician-assisted suicide and the older adult. *Psychology, Public Policy, and Law, 6*, 434–451.
- Niederjohn, D. M., & Rogers, D. T. (2009). Objectivity in evaluations for assisted suicide: Appreciating the role of relational and intrapsychic components. *Journal of Forensic Psychology Practice, 9*, 70–81.

- Rosenberg, T., & Speice, J. (2013). Integrating care when the end is near: Ethical dilemmas in end-of-life care. *Families, Systems & Health, 31*, 75–83.
- Werth, J. L., Lewis, M. M., & Richmond, J. M. (2009). Psychologists' involvement with terminally ill individuals who are making end-of-life decisions. *Journal of Forensic Psychology Practice, 9*, 82–91.

## Case 10. Handling Unexpected Disruptive Member Behavior During Group Therapy

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Esther Hernandez, PhD, a specialist in the psychology of addictions, conducts group therapy sessions for patients treated at a local methadone clinic funded by Medicaid. She has been meeting with a group of 12 women on a weekly basis for 2 months and has been pleased that, for the most part, members attend the meetings regularly. Although the women take methadone as a substitute for heroin, many also take other illicit drugs. At the initial session, Dr. Hernandez and group members agreed on a rule that members should not come to a session if they are high or intoxicated. The rule has been enforced several times during the past 2 months.

At the beginning of the most recent session, Angela, one of the group members, walks in late and is obviously intoxicated. Dr. Hernandez reminds Angela about the rule, noting that Angela must leave but will be welcome back at the next meeting if she is sober. Angela starts crying and begs to stay. Dr. Hernandez expresses sympathy and then restates the rule. Angela stands up and states that a drug dealer to whom she owes money has found out where she lives and she is afraid for her life. Then as she rushes out of the building, she tells the group, "You will all be sorry when I'm dead."

The other group members are obviously shaken by Angela's behavior. Some in the group feel Dr. Hernandez should end the group meeting and try to find Angela to make sure she is OK. Others think Dr. Hernandez should call the police. Still others in the group believe that Angela was trying to manipulate Dr. Hernandez into permitting her to break the rule. They note that in the past, she has tried to get around other group rules.

### Ethical Dilemma

Dr. Hernandez does not know how best to handle this situation.

### 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. Hernandez resolves this dilemma?
3. Does Dr. Hernandez have a professional responsibility for Angela's safety outside the group therapy context?

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4. How should Dr. Hernandez immediately address the group members' concerns, keeping in mind that group members have voiced different opinions about the situation?
5. From a treatment perspective, how important is it for Dr. Hernandez to uphold the group's self-generated and agreed-upon rules regarding attendance while intoxicated? Do group members have the same confidentiality obligations as Dr. Hernandez?
6. What legal concerns should Dr. Hernandez consider?
7. How are APA Ethical Standards 2.01a, 2.01e, 4.01, 4.05, 4.06, 10.03, and 10.10 and the *Clinical Practice Guidelines for Group Psychotherapy* relevant to this dilemma? Which other standards might apply?
8. What are Dr. Hernandez'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. Is Angela's current situation one that Dr. Hernandez should have anticipated when she established group therapies designed to treat addiction and substance dependence? What steps should Dr. Hernandez take to ensure she is better prepared to ethically address similar situations in the future?

## Suggested Readings

- American Psychological Association. (2007). Guidelines for psychological practice with girls and women. *American Psychologist*, 62, 949–979.
- Bernard, H., Burlingame, G., Flores, P., Greene, L., Joyce, A., Kobos, J. C., . . . American Group Psychotherapy Association. (2008). Clinical practice guidelines for group psychotherapy. *International Journal of Group Psychotherapy*, 58(4), 455–542.
- Brabender, V. (2006). The ethical group psychotherapist. *International Journal of Group Psychotherapy*, 56(4), 395–414.
- Lasky, G. B., & Riva, M. T. (2006). Confidentiality and privileged communication in group psychotherapy. *International Journal of Group Psychotherapy*, 56(4), 455–476.
- Vannicelli, M. (2001). Leader dilemmas and countertransference considerations in group psychotherapy with substance abusers. *International Journal of Group Psychotherapy*, 51(1), 43–62.