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APA Ethics Committee Presents:

Hot Topics in Ethics

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Dr. Coder

Introduction of the new psychotherapy CPT codes has revealed some possibly irregular practices and supervision in the clinic.

Dr. Coder has seen his reimbursement go down since the new reimbursement (RVUs) for the codes is lower than before. Further, Dr. Coder is not entirely sure how to deal with the student interns who provide individual psychotherapy on Fridays. Dr. Code bills for these hours because he supervises the interns. Although his Friday schedule is generally quite busy, Dr. Coder makes a point of spending at least some time in an intern's initial session with a client (he generally tries to be present for at least ½ the session) in order to meet the APA Ethics Code requirement that supervisees inform their clients they are under supervision as part of the informed consent process and provide the name of the supervisor. Also, Dr. Coder believes that participating in the session allows him to bill for the hours. Since his professional obligations require travel, Dr. Coder has recently considered joining these sessions by Skype, since being "present" on Skype during the sessions would allay any concern he has about billing for them.

Dr. Coder figures that adding more interns and billing for them as well as extending therapy sessions to, or least coding the sessions as, 60 minutes (which reimburses better than the standard 45-50 minute "hour") might be a helpful solution to this problem of reduced reimbursement.

A concerned intern contacts the APA Ethics Committee for a consultation regarding Dr. Coder's plan. The intern asks whether this plan is legally and ethically sound and, if not, what the intern should do.

Dr. Lejeune and Data Sharing

When veterans started returning from Iraq, the neuropsychologist Dr. Lejeune noted that the soldiers who were “blasted” presented quite differently than those who had an actual head injury. Over the next five years, Dr. Lejeune and his colleagues, Drs. Bragg and Pendleton, started systematically doing comprehensive neuropsychological evaluations of the returning vets in their university-based clinic. Together they ended up with over 1,500 full evaluations with all kinds of valuable demographic as well as premorbid information (e.g., ASFAV). Drs. Lejeune, Bragg, and Pendleton spent over a year coding and cleaning up the data with a large lab group. They published a couple of articles on the topic and realize how valuable this data set is. As a consequence they want to “give psychology away” (a la George Miller) but have numerous questions;

1. Who “owns” these data?
2. Should research psychologists interested in using the data set be “screened”?
3. When should the original neuropsychologists who designed and gathered data for this project be named an author(s) in studies that borrow the data for publication?
4. Could they “censor” a potential submission if the data are used inappropriately, such as to advance a political cause?

Dr. Lejeune contacts the APA Ethics Committee for a consultation.

Dr. Garrett and the Dean

Dr. Garrett was in his first year as the director of a university counseling center in a rural part of the country. He provides direct services to students and supervises two other psychologists. When he was hired, the dean mentioned that she was looking forward to working with him, adding that his predecessor was “not a team player.” According to the dean, “She seemed to think her staff was somehow above the rest of the student affairs team,” and so sometimes declined to participate in joint efforts.

The dean was quite concerned about the violent incidents that she’d seen occurring on other high school and college campuses around the country. Wanting to ensure that her campus was prepared, she assembled what she termed a “crisis assessment and response team” consisting of representatives from residential life, health services, disability services, student conduct office, the counseling center, and a faculty member. Dr. Garrett was eager to demonstrate his collaborative style and so readily agreed to have his staff participate in these efforts in any way the dean thought helpful.

One Monday morning, the dean summoned the team to her office. She described an incident that had been building throughout the weekend. A student, Mark, had been evicted from the residence hall earlier in the semester following an altercation with his R.A. during which Mark had shoved and threatened the R.A.

Although he had been prohibited from entering the residence halls, Mark had come to his girlfriend’s room over the weekend. She reported to her R.A. and the director of residential life that Mark said that he was furious about grades he’d received and wanted to make the faculty in the engineering department pay for ruining his career.

As Dr. Garrett listened, Mark's situation began to sound familiar to him. Dr. Garrett suddenly realized that this student was very likely the client of one of his staff members whom he was supervising on this case. The dean asked Dr. Garrett to find out whether the student had been seen at the counseling center, and to report to her whether or not he was at-risk of harming anyone. Dr. Garrett was uncomfortable with the request, but he agreed to get back to her. The dean and other members of the team emphasized how grateful they were to have Dr. Garrett and his excellent skills supporting their team. He thanked them for their confidence and headed back to his office.

As he walked back to his office, Dr. Garrett began to feel anxious. He was aware that, in response to the wave of gun violence across the country, a recent state law was enacted that "requires a mental health professional to report to local authorities when, in his or her reasonable professional judgment, a patient is likely to engage in conduct that would result in serious harm to self or others." This statute allows for the investigation and confiscation of any firearms in the possession of the patient. It is not unusual for students to have firearms in their possession during the hunting season.

Dr. Garrett was unsure about whether disclosure of confidential information was warranted, given the possible risk. More generally, he is uncertain about exactly what role he should play in responding to the situation. He knows that the dean and other staff are counting on him, and he is concerned about the risk to the lives of other members of the campus community. Nevertheless, his anxiety persists.

Dr. Garrett requests a consultation from the APA Ethics Committee. Dr. Garrett's first question involves how to distinguish clinical from ethical concerns in this complex situation.

Dr. O'Brien's Conundrum

Tom is a middle-aged Latino and a successful accountant who heads his own business. He has come to Dr. O'Brien, a psychologist whose name Tom came across on the back page of the Sunday bulletin of the Church Tom attends, complaining of depression and anxiety, and an alienation from his church because of his homosexuality.

Tom was brought up in a devout but not rigid Catholic family in a large Midwest city. At one time he thought he wanted to be a priest and was in a seminary for a brief time. His time in the seminary led him to leave because he thought the homosexuality he could not deny would be an impediment to a priestly life. His faith in God and his loyalty to the Church have remained major touchstones in his life. For example, he chose only Catholic institutions for his education. For another, he believes strongly that the Church is the voice of Christ on earth and offers the best assurance of salvation.

He has had two relationships with other men. Both were HIV+ as is he. Since becoming positive, Tom has dated only men who positive. "It just makes it easier that way." He is functioning well on his regimen of meds, exercises frequently, and eats well. While he believes his life may be foreshortened as a result of HIV, he does not see HIV as a barrier to a full life and to his career. He said he does not think HIV will be a focus of therapy. However, his family does not know he is positive. He imagines colleagues at work know he is gay, but not his being positive. Further, his sexual identity is not talked about.

Tom ended both relationships when he realized that he had become, as he put it, "their meal ticket." Before and since these relationships, he would engage in casual sex often in the backrooms of gay bars. These episodes were always accompanied by heavy drinking. They

always left him feeling guilty and anxious. He dates infrequently and hooks up online once in a while. He lives alone in a condo he owns. He has a large circle of gay friends with whom he socializes regularly. Yet he complains that he is lonely. He wants a relationship very much and believes he would make a good partner. Yet, he can't imagine living with another guy while the Church sees such relationships as sinful and homosexuality as a disorder of nature.

He is committed to finding some resolution in psychotherapy to his conflicts.

After the first session, Dr. O'Brien is left puzzled about how to conceptualize Tom's case. Tom is in significant distress about the tension he perceives between his behavior and his religious commitments, and yet has come to a psychologist whom he found on the back of his Sunday bulletin. Dr. O'Brien also wonders where to draw the line between Tom's psychological distress and his spiritual distress. Dr. O'Brien ponders whether the two can even be separated. Dr. O'Brien decides to review the APA Ethics Code, and begins to focus on informed consent: In treating Tom, is Dr. O'Brien a Catholic Psychologist, or a psychologist who happens to be a catholic? Reflecting further, Dr. O'Brien asks himself whether his questions are clinical questions, ethical questions, or perhaps both.

Dr. O'Brien contacts the APA Ethics Committee for a consultation.

Dr. Jones and Mrs. Awad

Dr. Jones has a private psychotherapy practice, where she treats both adults and children. Her newest patient, Mrs. Fiona Awad, has begun seeing Dr. Jones for help dealing with the stress associated with her divorce. Mrs. Awad, nee Flaherty, was raised in an Irish Catholic family in Boston. She met her husband, Mr. Mustafa Awad, a North African man who was raised Muslim, in college and they married shortly after graduation. Mrs. Awad agreed to convert to Islam because, according to her husband's religion, he could not marry a non-Muslim. She has followed the tenets of Islam for 15 years, but approximately a year ago, she stopped covering her head and gradually found herself feeling too confined by the role given to women in Islam, according to her husband and their religious community. She has filed for divorce.

In her sessions with Dr. Jones, Mrs. Awad has discussed the increased freedom she feels separated from her husband. She has also described the new opportunities available to her teenage daughters, now that her husband is not in the home to oversee their daily activities. She notes that they are able to wear more "age-appropriate" clothing, such as sleeveless shirts and shorter skirts that would be unacceptable to her husband. She is allowing them to go to school dances and to begin dating. Her daughters must keep these activities secret from their father, however, as they would not be acceptable activities for Muslim girls.

Mrs. Awad has asked Dr. Jones to write a letter to the court in support of her parenting decisions and recommending that she be awarded full custody of the children. Mrs. Awad knows that her husband will make religion an issue in the divorce process, and she wants as much support as she can get for her position to be more flexible with the children's activities. Mrs. Awad believes that it would be unhealthy for her daughters to have to live the restricted life their father believes

is proper, which prohibits dating or socializing of any kind with boys, and ultimately leads to a marriage arranged by the family.

Dr. Jones finds herself having strong reactions to the information she hears about Mrs. Awad's family. She would like to do what is in the best interest of the children, although she has never met them or Mr. Awad. She decides to write a four-page letter outlining her opinions regarding custody and parenting time, which strongly supports Mrs. Awad's position. Dr. Jones is careful to put her opinions in hypothetical language, i.e., to emphasize that her recommendations are conditional on the accuracy of Mrs. Awad's reports. Dr. Jones also testifies at the trial on Mrs. Awad's behalf, again employing hypothetical language. The judge grants custody to Mrs. Awad, which infuriates Mr. Awad and his attorney. Consequently, they file an ethics complaint with the American Psychological Association.

Has Dr. Jones engaged in ethically problematic behavior?